

not available in The Netherlands. The described three patients received high-dose penicillin, NAC, and silibinin in addition to classical supportive treatment, which may account for their full recoveries.

Keywords: amanita phalloides; amatoxin intoxication; ingestion; silibinin; wild mushrooms

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(126) Mass Envenomation by Africanized Bees in a 90-Year-Old Woman

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Introduction: Patients presenting to the ED with a history of insect stings usually show a local reaction of swelling, pain, and erythema at the site of the stinging. In 0.3 to 0.5 percent of stings, an IgE-mediated anaphylactic reaction occurs, possibly after a single sting and can lead to an emergency requiring prompt recognition and treatment. Mass envenomation, sometimes involving hundreds of stings are less common, but can cause severe systemic toxic reactions that also require recognition and initiation of aggressive treatment. The syndrome is difficult to distinguish from systemic allergic reactions and maybe fatal.

Discussion: The patient received more than the mean lethal dose of honeybee venom and did not reach the hospital within the first hour after the stinging incident. Hemodynamic instability, rhabdomyolysis, and acute renal failure developed shortly and proved fatal, despite aggressive treatment at the Intensive Care Unit (ICU). It is unclear whether immediate hemodialysis or plasmapheresis would have saved this patients life, but it remains a treatment option to consider if a patient with a toxic dose of honeybee venom is admitted. The dilution and faster removal of the toxin could prevent a more severe course of the condition. These higher risk patients should be transferred to the hospital without delay and immediately admitted to an ICU to be monitored more closely, so that the first signs of imminent collapse can provoke further action.

Keywords: anaphylactic reaction; envenomation; honeybee venom; IgE-mediated; insect stings; intensive care unit

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(127) Pheochromocytoma: A Rare Cause of Dyspnea and Hypertensive Emergency in the Emergency Department

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Pheochromocytoma rarely is seen in the emergency department (ED), and may present in uncommon ways. A case of pheochromocytoma in a young, severely dyspneic patient is reported in this presentation. A 21-year-old male was brought into the ED with symptoms of sudden-onset dyspnea and hemoptysis. He had experienced cough and headaches for several months. Weight loss was reported, with no night sweating. The patient denied taking medications, drugs and alcohol, or having any allergies. Past medical history included pharyngitis two months earlier, and asthmatic bronchitis.

On examination, the patient was in respiratory distress with O₂ saturation of 60% on room air, and 85% on 15 liters of 100%O₂ non-rebreathing mask. Vitals were: respiratory rate: 24, blood pressure: 235/139, pulse: 125, temperature: 35.4. Lung sounds: bilateral rates; cardiac tachycardia, without murmurs. There were no sweating or extremity abnormalities.

Laboratory results included: Creatinine: 128umol/l; K⁺:4.1, BUN:3.8mmol/l; LDH:915U/l, lactate:5mmol/l; and respiratory acidosis. Chest x-rays demonstrated diffuse, bilateral pulmonary edema. The electrocardiogram showed sinus tachycardia with LVH; there were no signs of ischemia.

Antihypertensive treatment started and the patient was admitted to the intensive care unit for mechanical ventilation. Differential diagnoses included post-streptococcal glomerulonephritis, renal artery stenosis, pheochromocytoma, and other causes of kidney failure. A swelling of the right adrenal gland (6.5 x 5 x 4 cm) was seen on abdominal ultrasound and magnetic resonance imaging (MRI). Meta-Iodobenzylguanidine (MIBG) testing and SMS testing confirmed the diagnosis of pheochromocytoma. The adrenal tumor was excised surgically.

This report has presented a rare cause of hypertensive crises and highlights the importance of considering the diagnosis of pheochromocytoma in dyspneic patients and in hypertensive emergencies in order to avoid delays in treatment of this potentially life-threatening condition.

Keywords: dyspnea; emergency department; hemoptysis; hypertensive emergency; pheochromocytoma

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(128) Collaboration between Indonesian and Japanese Emergency Medical Teams during the Sumatra Earthquake in 2004

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Introduction: In February 2004, the earthquake in Papua Province, Indonesia, resulted in severe damage to infrastructure and injuries to residents. Concerning this disaster, Japanese and Indonesian disaster relief teams shared information on management tactics.

Methods: Japan International Cooperation Agency (JICA) dispatched a team of five registered medical personnel and two recorders of the Japanese Disaster Relief Team to Indonesia to hold the joint seminar and exchange information. The JICA team also discussed the possibility of cooperation with Indonesian authorities in the sector of emergency response.

Furthermore, the JICA mission invited Indonesian counterparts to the subsequent meeting involving Japan, Malaysia, and The Philippines. The purpose of the next meeting was to share the output of the seminar and meet with key persons of Japan, Malaysia and The Philippines. On 12 October 2004, the joint seminar between Indonesia and Japan emergency medical teams on emergency medical care in sudden-onset events was held in Jakarta sponsored by JICA. Coordination between Indonesia, Malaysia, and The Philippines via a communication satellite was discussed. **Result:** This discussion occurred two months after the Sumatra earthquake. The early medical mission was welcomed in Indonesia and coordinated with Indonesian medical staff.

Conclusion: Collaboration between Asian countries and Japanese emergency medical teams on emergency medical care in sudden-onset events are very important and should be promoted.

Keywords: emergency medical team; Indonesia; Japan; management strategies; Sumatra earthquake

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(129) If I Get Trapped under Debris after an Earthquake, What Should I do while Waiting for Help?

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Many studies have been conducted on the mass injuries that occurred as a result of the 1999 Marmara Great Earthquake, and the protection measures that have been identified. The number of scientific studies has increased constantly, especially those concerning mitigation measures and health care services provided after an earthquake. Most of the studies are conducted for the pre- and post-disaster period. However, the issue of “what people should do when they are trapped under concrete blocks” has been ignored in Turkey where earthquakes are the most common cause of disasters. In this study, opinions are presented that have been compiled from the remarks shared within various national and international e-mail groups related to the field.

Keywords: earthquake; entrapment; injuries; Turkey; victims; waiting

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(130) Methoxyflurane is a Safe, Easy, Effective Analgesic for Prehospital Pain Relief

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Introduction: Methoxyflurane analgesia has been used since 1961, and has been used in Australian ambulances since 1978. Little is published on its effectiveness. Two years of data from St. John Western Australian Ambulance Service was examined.

Methods: Ambulance data from the metropolitan Perth area from 01 July 2004–30 June 2006 were reviewed. Of the 13,313 methoxyflurane administrations, complete data were available for 10,706. The most common indications were trauma and musculoskeletal injury. Data for effectiveness was compared with 3,257 administrations of intranasal fentanyl administrations. A simple three-point score was used, which correlates well with verbal pain scoring.

Results: Overall, 54.3% (5,814) of patients reported good/excellent relief; 38.4% (4,112) partial relief; and 7.3% (780) no relief. Of the children >12 years of age, 67.8%

(173) experienced good/excellent relief; 24.3% (62) partial; and 7.8% (20) no relief. For those >12 years of age, 54.5% (5,641) reported good/excellent analgesia; 38.1% (3,950) partial; 7.1% (760) no relief.

The results for fentanyl were similar—overall, good/excellent relief 52.9%(1722), partial 39.8%(1295), no relief 7.4%(240). In each group, >90% of the patients received good or partial relief.

Discussion: In Australia, methoxyflurane is used widely in ambulances, defence forces, sports injuries, industry, and increasingly in hospital, dentistry, interventional radiology and short, painful surgical procedures. The history of renal damage as an anesthetic is irrelevant, as renal toxicity has been shown to be completely dose related (Mazze et al). The method of administering methoxyflurane analgesia does not allow toxic doses. In 28 years of use in this ambulance service, no significant safety issue was reported.

Conclusions: Methoxyflurane is a safe, convenient, effective analgesic agent for use in prehospital care.

Keywords: Australia; methoxyflurane; pain; pain relief; prehospital

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(131) Elderly Patients in Prehospital Medicine

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Introduction: The elderly represent a high proportion of the population who require emergency medical care. The aim of this study was to evaluate the epidemiological characteristics and the common diseases affecting the elderly who required emergency care from the prehospital emergency medical system.

Methods: In this study, 252 patients, ≥70 years of age, were included. There were more female patients (52.3%) than males and the mean age of the retrospectively examined patients was 75.3 years.

Results: The following causes for the use of the prehospital medical system by the elderly were identified: (1) 72 patients had cardiovascular problems; (2) 65 patients had respiratory problems; (3) 45 patients were victims of trauma incidents; and (4) 32 patients had electrolyte, metabolic; and/or endocrine disorders. For the remaining 38 patients, the main problem was an altered level of consciousness.

Conclusion: The elderly represent a high percentage of patients who use the prehospital emergency medical system. The medical staff often must treat more than one medical problem experienced by the elderly. Supportive care of the respiratory and cardiovascular system remains the primary strategy in the majority of the cases, while a diagnostic work-up and a definitive treatment also are considered very important for the treatable cases.

Keywords: cardiovascular; elderly; emergency care; prehospital; respiratory

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