

department, a national study on the magnitude of poisoning with respect to the household chemicals and medication use should be carried out.

(38) Postmortem Cancer Registry in Deaths with a History of Exposure with Chemical Warfare Agents (CWA)

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Introduction: Chemical warfare agents (CWA) were used in bombs during the World War (I). These agents were applied against Iranian veterans 20 years ago by Iraq. The purpose of this study was describing autopsy pathologic findings in those with a history of CWA exposure after two decades.

Methodology: A retrospective study designed to evaluate autopsy records of all those with a history CWA exposure from 2009 to 2010 in Mashhad catchment area with a population of 2,000,000.

Results: A total of 56 cases were evaluated (1 % of all total reports). Mean (SD) age was 12.1 (5.5) years (36–84 years). Major cause of death was reported to be cardiopulmonary in 28 patients (50 %). In total, 11 cases (19.6 %) died due to cancer. Reported cancers were lung cancer, 4 (7.1 %); gastrointestinal, 3 (5.4 %); acute lymphoblastic leukemia, 3 (5.4 %); and a laryngeal cancer, 1 (1.8 %), which are relatively more common than in the general population.

Conclusion: This study revealed that deaths related to cancer are higher in cases with history of exposure to CWA. More drastic measures for these cases are recommended to evaluate presence of lung, gastrointestinal, and blood cancers in patients with history of exposure to CWA.

(39) Trend of Poisoning Cases Referred to the National Poison Centre of Malaysia from 2006 to 2009

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Introduction: The National Poison Centre (NPC) of Malaysia provides 24-h Drug and Poison Information Service to health professionals and the general public. Most of the enquiries are related to poisoning cases, which were documented manually and electronically.

Objective: This study aimed to review and report the trend of poisoning cases handled by NPC for a period between 2006 and 2009.

Methods: In 2006, new classes of poisoning agents were introduced and certain classes were expanded into sub-classes based on the IPCS INTOX Data Management System. Age, gender, date of exposure, route of exposure, reason of exposure and type of poisoning were evaluated. Data were analysed using SPSS 18.0 to generate frequencies and percentages.

Results: A total of 9,413 poisoning cases were referred to NPC within the 4-year period with increased cases every year. Of the poisoning enquiries, 60.4 % were handled after office hours and the majority (99 %) of enquiries received were from medical doctors. Of the cases, 59.6 % involved adult patients and 56.3 % were intentional incidents. Pharmaceutical products (32.8 %) were the main substances implicated, followed by pesticides (32.2 %) and household products (23.8 %). Analysis of the sub-classes of the common substances showed that herbicides, insecticides and cleaning agents were the most common substances implicated. The majority of the victims were male who were mainly involved in pesticides poisoning. Exposure to poisoning occurred mainly via ingestion (94 %) followed by inhalation (2.3 %).

Conclusion: The trend of poisoning incidences from 2006 to 2009 was almost similar to the previous 5-year report. Pesticides and pharmaceutical products remain the main substances implicated. The increase in the number of poisoning cases handled yearly implies that the 24-h Poisoning Call Service remains relevant and important especially to new medical officers.

(40) A Call for Caution of the Emergency Physician's Interpretation of the New Paracetamol Toxic Ingestion Dose Guideline—a Paediatric Case Study and Review

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Recent toxicology guidelines worldwide for paracetamol poisoning have raised the definition of a single, acute paediatric toxic ingestion of paracetamol from 150 to 200 mg/kg. A 4-year-old Chinese girl presented with abdominal pain and vomiting was seen at the Kangkang Kerbau Women's and Children's Hospital's Emergency Department in Singapore. It was disclosed during the consult that the child had consumed 178 mg/kg of paracetamol elixir 26 h prior while left unsupervised at home. The parents denied any further ingestion of paracetamol after the non-intentional exposure. However, intravenous *N*-acetylcysteine was empirically started in view of the symptoms, and serum paracetamol level and liver enzyme assays were taken. A review of the records in the Emergency Department showed that the child was seen and discharged 2 days before for fever associated with a simple febrile seizure. She had taken three doses of 10 mg/kg (at six to seven hourly apart) of paracetamol elixir; with the last therapeutic dose 6 h prior to the non-intentional