

A 39-year-old woman with a mushroom intoxication

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CASE REPORT

A 39-year-old Thai woman, living in the Netherlands, was seen at the emergency department with symptoms of nausea and vomiting for a few hours. She had no relevant medical history and was not taking any medications. She looked moderately ill, had a blood pressure of 91/53 mmHg and a regular pulse of 103 beats/min, with no fever. On admission, her blood tests showed a metabolic acidosis, most likely caused by enteral bicarbonate loss (*table 1*). Supportive care was started. The patient told us that one

Table 1. Lab results on admission

Measurement (units)	Value
Sodium (mmol/l)	136
Potassium (mmol/l)	4.1
Chloride (mmol/l)	109
Glucose (mmol/l)	8.0
Creatinine (µmol/l)	42
Bilirubin (µmol/l)	21
ALAT (U/l)	22
LDH (U/l)	173
PT (INR)	1.02
Arterial blood gas	
pH	7.29
pCO ₂ (mmHg)	29
Bicarbonate (mmol/l)	13.4
Anion gap (mmol/l)	14
Urine anion gap (mmol/l)	-4

ALAT = alanine aminotransferase; LDH = lactate dehydrogenase; PT = prothrombin time; INR = international normalised ratio.

Figure 1. The bedside test



day prior to her presentation, she had eaten a homemade soup with mushrooms picked from a local forest. We performed a bedside test on such mushroom, by letting juice from the cap dry on a piece of newspaper and subsequently adding concentrated hydrochloric acid (25% HCl). After several minutes the stain changed colour from yellowish to pale blue, indicating a positive test. The test set-up and result are shown in *figure 1*.

WHAT TYPE OF MUSHROOM DID OUR PATIENT INGEST AND WHAT IS THE NAME OF THE BEDSIDE TEST?

See page 137 for the answers to this photo quiz.