**What has *lead* to this: A case of heavy metal poisoning**

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**Introduction**

Heavy metal toxicity is an uncommon but potentially lethal event. A contributing factor is the self- administration of unregulated Ayurvedic medications (Indian herbal medication) that may contain significant concentrations of heavy metals (1). This report describes an incident of chronic lead poisoning secondary to long term Ayurvedic medication use and the procurement of its antidote.

**Case description** Mrs X, a 40 year-old Fijian Indian female presented to hospital with biparietal headache and high lead levels following chronic use of ayurvedic medicines for essential tremor management. No other obvious source of lead exposure was noted. Treatment with IM dimercaprol and sodium calcium EDTA was commenced in hospital however stock was limited. Given the patient was asymptomatic, treatment was changed to PO succimer as per toxicologist advice. The choice and procurement of antidote agents required significant teamwork and liaison between DHBs. Succimer was supplied to the patient along with medication counselling on discharge to ensure completion of course. Public health unit was notified for further community follow up whereby repeat blood levels ultimately showed response totreatment.

**Discussion**

Mrs X’s case exposes the potential for ingestion of lead-containing ayurvedic medication to cause lead poisoning. A myriad of toxicity related symptoms may occur including vomiting, headaches, anaemia, renal insufficiency, neurological changes, and blue discolouration of the gums (2,3). The course of treatment is determined by blood lead levels along with patient symptoms. The antidote –which is usually of limited stock – would need to be sourced in an efficient manner to complete an entire course.

**Conclusion**This case demonstrates the importance of timely, sound management of lead toxicity that may potentially be fatal. It also highlights the need for readily available antidotes and the importance of knowing what different options of therapy are available to us. Currently, a registry of antidotes throughout the country is not available – should this be done?

**Justification for presentation** This is a rarely occurring problem, nevertheless, the knowledge of its specific management and the consideration that must be made are vital in ensuring patient survival. The knowledge acquired from this case presentation enables us to confidently manage lead poisoning.

**References**

(1) (n.d). Retrieved June 02, 2017, from http://www.arphs.govt.nz/health-information/healthy- environments/hazardous-substances-and-chemicals/lead-and-lead-poisoning

(2) http://www.toxinz.com/Spec/2020006#secrefID0EDMAI

(3) https://www.uptodate.com/contents/adult-occupational-lead- poisoning?source=search\_result&search=Lead%20Poisoning%20blue&selectedTitle=2~150#H7