Abstract (600 word limits)

Paracetamol poisoning is generally associated with hepatotoxicity and very rarely with renal impairment in absence of significant hepatic impairment. Paracetamol poisoning associated with renal impairment is rare although there are few cases published case reports on this topic. Most patients with acute renal impairment show a pattern of acute tubular necrosis or injury based on their bloods, clinical presentation, and imaging. Although few case reports have described the incidence of renal impairment to be about 1-2% in few case reports and about 8.9% in a retrospective study. The level of injury was found to be associated with the dose of paracetamol taken.

We describe a case of 22 years old patient presenting to hospital with abdominal pain, back pain and two episodes of vomiting after 36 hours of intentional paracetamol overdose of 60 tablets. His lab results showed raised creatinine levels and CRP despite normal liver function test. His paracetamol and salicylate levels were not checked on his initial presentation. He was given N-Acetyl cysteine treatment for paracetamol overdose and had CT KUB the following day which showed mild uncomplicated sigmoid diverticula. He was discharged home a day after; however, he was readmitted 2 days later with severe abdominal pain and worsening renal function. He had MRI abdomen that showed coronal/axial wedge like areas of relative hypo intense change in the T2 acquisition. He received intravenous fluids, antibiotics and his renal function improved. He was discharged home with outpatient follow up and showed complete recovery.

Image 1. MRI Abdomen showing renal inflammatory aetiology such as pyelonephritis to the above appearances and minimal/borderline appendical changes.

Recent Publications (minimum 5)

1. Boutis K, Shannon M. Nephrotoxicity After Acute Severe Acetaminophen Poisoning in Adolescents. Journal of Toxicology: Clinical Toxicology. 2001;39(5):441-445.

2. Campbell N, Baylis B. Renal impairment associated with an acute paracetamol overdose in the absence of hepatotoxicity. Postgraduate Medical Journal. 1992;68(796):116-118.

3. Mour G, Feinfeld D, Caraccio T, McGuigan M. Acute Renal Dysfunction in Acetaminophen Poisoning. Renal Failure. 2005;27(4):381-383.

4. Ozkaya O, Genc G, Bek K, Sullu Y. A case of acetaminophen (paracetamol) causing renal failure without liver damage in a child and review of literature. Renal Failure. 2010;32(9):1125-1127.

5. Saleem M, Iftikhar H. A Rare Case of Acetaminophen Toxicity Leading to Severe Kidney Injury. Cureus. 2019.

Biography (200 word limit)

Dr Zahid Khan is a Cardiology and Acute Medicine trainee and has published several articles. He is passionate about teaching and research work. He also works as PLAB 2 examiner for General Medical Council, Tutor for MSc Preventative Cardiology with University of South Wales and Instructor for advanced life support courses with Resus council, UK. He has published several case reports and has two masters to his name and diploma in advanced life support courses. He is currently doing Diploma in Leadership in healthcare from University of South Wales. His interests include cardiovascular and acute medicine specialties.

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References (With Hyperlink)

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