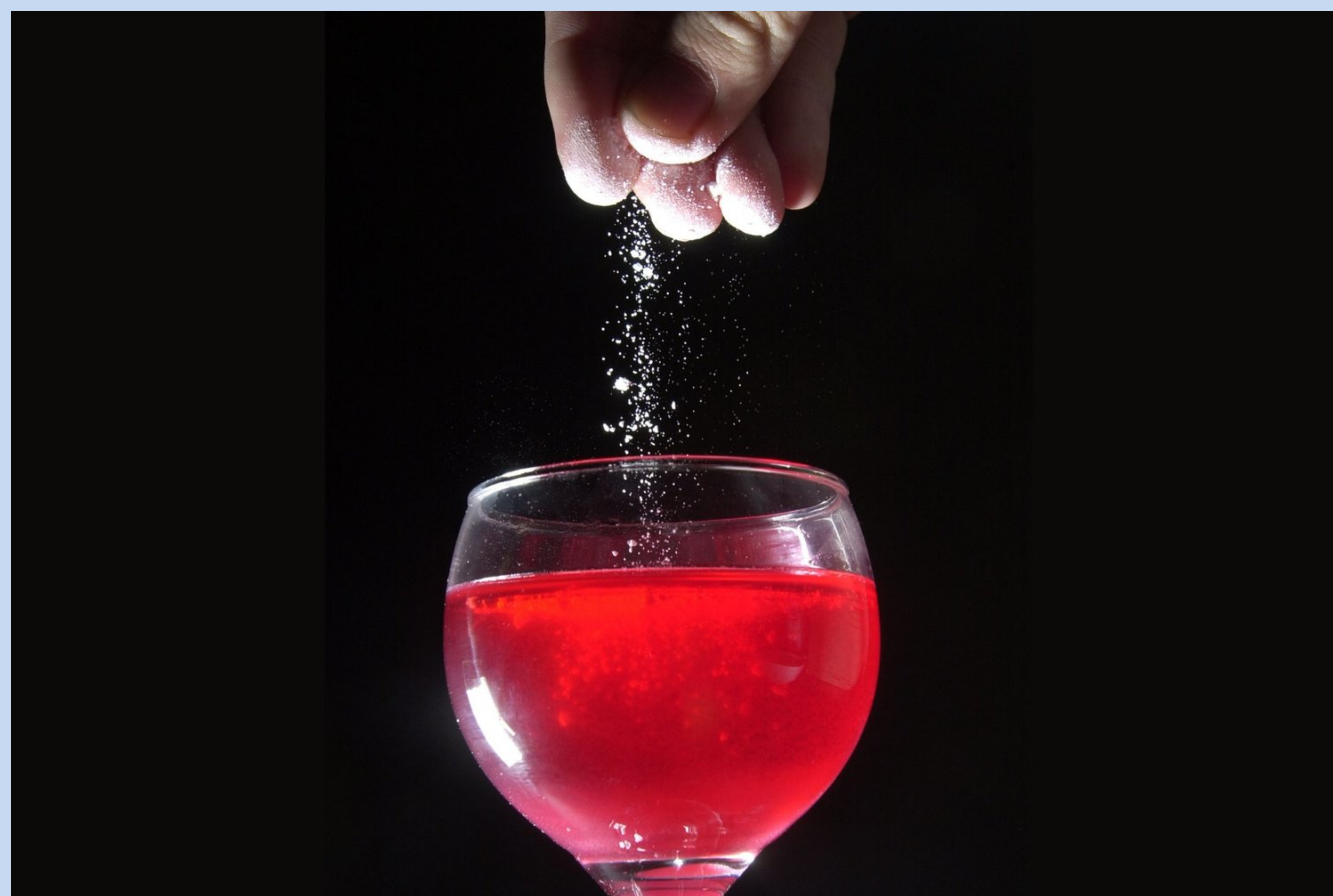
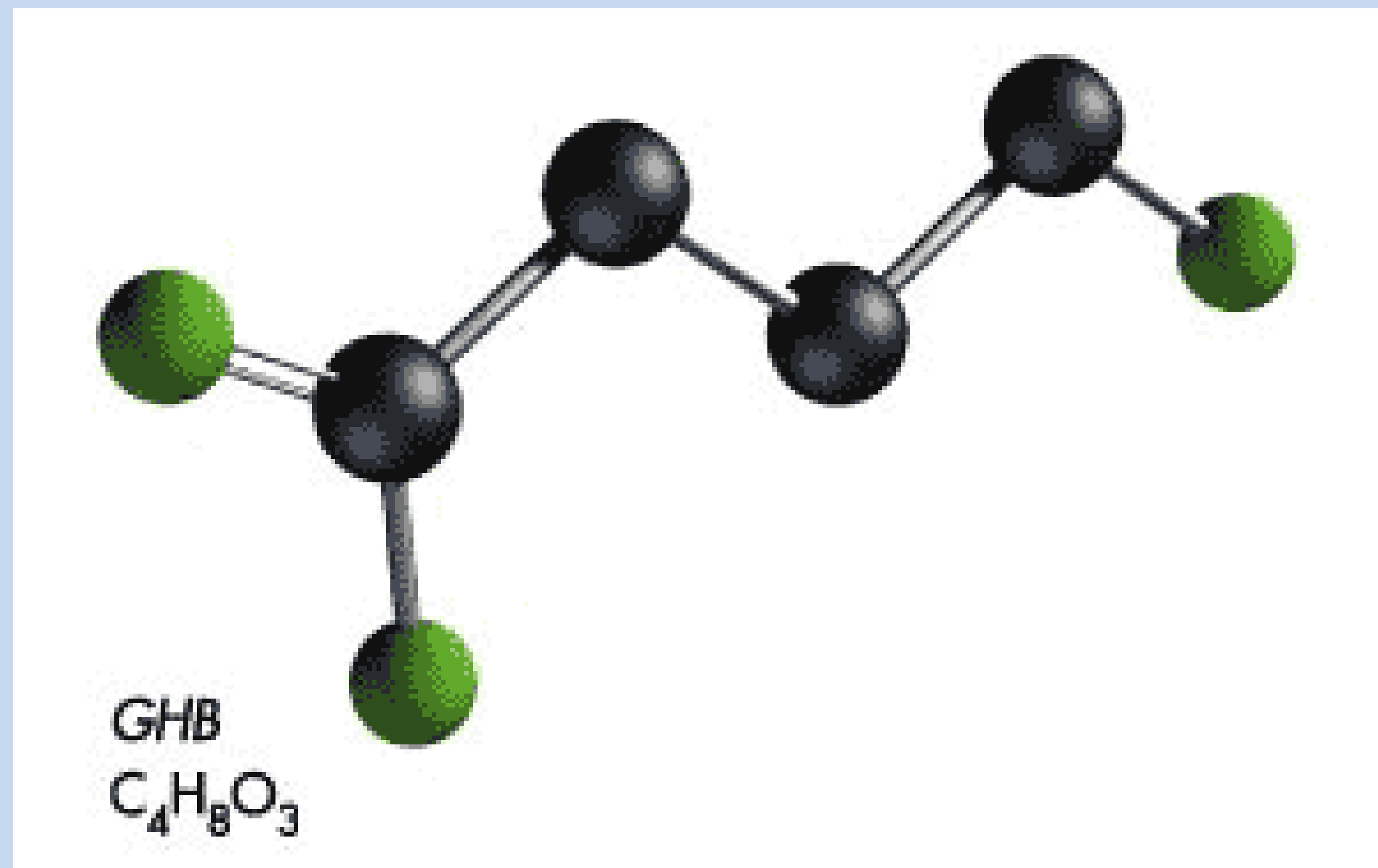




Inexplicable loss of consciousness in the childhood: Importance of a heteroanamnesis



Abstract Case report

A grandmother found her two-year-old grandchild unconsciously at the breakfast table. Emergency services were alerted and the emergency doctor on duty found a vomiting child with miotic pupils, a slow heart rhythm and clammy and sweaty extremities. The other vital signs were normal. The child had not experienced any abnormal signs in the days before. Venous and arterial blood samples, brain imaging and routine toxicological screening tests showed an elevated leukocyte count and therefore a meningitis treatment was started on an empirical basis. Atypically for an assumed meningitis case, the child fully recovered clinically over the next few hours. Two days later the father admitted a history of liquid ecstasy use.

Publication

Onverklaarbaar bewustzijnsverlies bij kinderen: denk ook aan intoxicatie. Van den bosch D, Van Belleghem V, Van Ooteghem B, Croes K, Heylen O, De Muynck B. *Tijdschr. voor Geneeskunde* 2017;73:849-852.

The positive results of a gas chromatography-mass spectrometry (GC-MS) test for Gamma Hydroxybutyrate (GHB) confirmed an intoxication in this infant. GC-MS and liquid chromatography-mass spectrometry (LC-MS) are currently the most reliable methods for detection of GHB with a diagnostic window of approximately two hours. Intoxication with GHB is characterised by coma, miotic pupils, respiratory depression, slow heart rate, vomiting and hypothermia.

Conclusion

The possibility of an intoxication should always be considered in children presenting with one of these symptoms: coma, miotic pupils, respiratory depression, slow heart rate, vomiting and hypothermia.