Letters to Editor
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Unintentional Opioid Intoxication in a 3-Month-Old Infant

Sir,

A well thriving 3-month-old female infant was brought by parents of Rajasthani origin with complaints of sudden onset unresponsiveness, jerky breathing followed by an episode of uprolled eyeballs with the blinking of eyelids and tonic posturing of limbs lasting a few seconds. There was no history of fever, ear discharge, vomiting, diarrhea, or trauma. The patient was born at term through normal delivery with no history of perinatal asphyxia. The baby was on breast feeds since birth. On examination, at presentation, she was comatose but normothermic. Pupils were pinpoint. Her pulse rate was 110/min with good volume and normal rhythm, respiratory efforts were shallow and irregular. Blood pressure was 80/50 mm Hg. The airway was secured by rapid sequence intubation, and mechanical ventilation was initiated. In view of pinpoint pupils, sudden onset apnea and unresponsiveness besides a place of origin of the family, opioid administration was suspected. Gastric lavage was carried out and naloxone administered. Her respiratory efforts and sensorium improved after two doses of naloxone and was extubated within 3 h of admission. The baby was observed for next 24 h. She continued to feed well without any worsening. When specifically enquired, the mother informed that she had given the traditional medicine to make the baby sleep as she had to leave her alone for some time. She had denied giving any drug at the outset as she did not consider it to be a drug. The dangers of this practice were explained, and she was counseled against the use of the medicine.

Opium overdose is highly lethal if left untreated. In one Indian series, the mortality associated with the administration of traditional opioid medicines was reported to be 25% (Sharma *et al.,* 1999). Indian folk medicines such as "Ghasa" and "Balkadu" are known to have opioid action (Sharma *et al.,* 1999; Shah, 2012). The practice of using traditional medicines with opioid action is common in Rajasthan. Decreased level of consciousness, pinpoint pupils, bradypnea and seizures are the most commonly reported presenting signs of opioid intoxication (Zamani, 2010). Prompt supportive care and administration of naloxone results in rapid reversal of symptoms and early recovery. When young children present with depressed sensorium and pinpoint pupils, an enquiry should be made regarding socio-cultural practices prevalent in the community and use the opportunity to educate the mothers against the opioid administration.

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