Severe digoxin toxicity in a child managed with cholestyramine. A case report

Suman Noorani[1*], Nadeem ullah Khan[2], Shahan Waheed[3], Hadia Iftikhar[4]

1. Emergency Departement, The Aga Khan University Hospital, Stadium road, Karachi

2. Emergency Departement, The Aga Khan University Hospital, Stadium road, Karachi

3. Emergency Departement, The Aga Khan University Hospital, Stadium road, Karachi

4. Emergency Departement, The Aga Khan University Hospital, Stadium road, Karachi

Correspondence to: Suman Noorani

*Emergency Departement, The Aga Khan University Hospital, Stadium road, Karachi

Email: suman.noorani@aku.edu

DOI: 10.24911/SJEMed.72-1711553189

Digoxin toxicity is a common problem in clinical practice because its therapeutic window is relatively narrow (from 0.5 to 2 ng/ml). The toxic effects occur at concentrations > 2.8 ng/ml and are mainly related to disturbances of cardiac function and of circulatory system as well as GI and CNS disturbances. We report a case of digoxin toxicity in a 2.5years old male child who accidently ingested 15 tablets of digoxin x 0.25mg. During his stay in pediatric ICU, typical symptoms of toxicity were observed. Digoxin-specific antibody (Fab) fragments have become the mainstay of treatment in severe digoxin toxicity. However, due to its high cost and limited availability, alternative measures are used to manage severe intoxications in countries like Pakistan, where Fab fragments are not available. Here we successfully treated severe digoxin intoxication with Cholestyramine.