A case of Mobitz type II atrioventricular block due to Nerium oleander poisoning successfully managed with digoxin-specific Fab antibody fragments

Zakkum zehirlenmesine bağlı olarak gelişen Mobitz tip II atriyoventriküler bloklu olgunun digoksin-spesifik Fab antikoru ile başarılı tedavisi

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Summary– Nerium oleander is a popular ornamental plant grown in many tropical and subtropical countries and in the Mediterranean region. It is dangerous because it has been shown to contain several types of cardiac glycosides, and hence can cause cardiac arrhythmias resembling digoxin in their toxicologic manifestations. We report a patient presenting to our hospital with Mobitz type II atrioventricular block after drinking herbal tea prepared from oleander leaves. Three hours after admission, a 200-mg empiric dose of digoxin-specific Fab antibody fragments was administered intravenously over 30 minutes. A 12-lead electrocardiogram (ECG) revealed sinus rhythm at the end of infusion. After 72 hours, the patient was discharged without any symptoms.

We report a patient presenting to our hospital with Mobitz type II atrioventricular block after drinking herbal tea prepared from oleander leaves.

CASE REPORT

A 18-year-old female presented to the emergency room with nausea, vomiting, lightheadedness, and abdominal pain 8 hours after drinking a cup of oleander tea. She had been advised to prepare oleander tea as part of weight loss regime.

On presentation, her blood pressure was 90/50 mmHg in the right arm and 85/50 mmHg in the left arm.
arm, with an irregular pulse of 40/min. The lungs were clear. A 12-lead electrocardiogram (ECG) on admission showed Mobitz type II atrioventricular block with right bundle branch block (RBBB), left anterior hemiblock, and T-wave inversions in leads V4 through V6 (Figure 1a). Transthoracic echocardiography showed a left ventricular ejection fraction (LVEF) of 65%, with mild tricuspid regurgitation, and no evidence of pulmonary hypertension or atrial septal defect. She was not taking any medical therapy. She was a non-alcoholic drinker and a non-smoker. Liver, renal, thyroid function tests were in normal range, and serum digoxin level was 4.1 ng/mL at admission. A temporary transvenous pacemaker was inserted via the right internal jugular vein under fluoroscopic visualization in order to improve hemodynamic status. 6 mg intravenous atropine sulfate was administered, but failed to resolve the bradycardia. It was decided to treat the patient with digoxin-specific Fab antibody fragments. Three hours after admission, a 200-mg empiric dose of digoxin-specific Fab antibody fragments (DigiFab®, 40 mg/vial Digoxin Immune Fab Powder for Solution for infusion, BTG International Ltd.) was administered intravenously over a period of 30 minutes. After 15 minutes of infusion, a 12-lead ECG showed first degree heart block, and a serum digoxin level of 2.08 ng/mL. A 12-lead ECG revealed sinus rhythm with RBBB at the end of infusion (Figure 1b). Serum digoxin level was 0.64 ng/mL 4 hours after infusion. After 72 hours, the patient was discharged without any symptoms.

Figure 1. (A) ECG on admission showing Mobitz type II atrioventricular block with right bundle branch block, left anterior hemiblock, and T-wave inversions in leads V4 through V6. (B) ECG showing sinus rhythm with right bundle branch block at the end of infusion.
The oleander plant contains two potent cardiac glycosides: oleanderin and neriine. The mechanism of action of the oleander cardenolides is similar to that of the digitalis glycosides, i.e. inhibition of the cell membrane Na⁺/K⁺-adenosine triphosphatase pump. Thus, treatment of oleander intoxication is similar to digoxin intoxication treatment and includes the administration of fluids, atropine, isoproterenol, and temporary use of a cardiac pacemaker. Activated charcoal is recommended to interrupt enterohepatic circulation. Since the patient presented 8 hours after ingestion, the latter treatment was not used in our case.

In light of current evidence, the treatment of digoxin-spesific Fab antibody fragment in the treatment of severe digoxin intoxication is commonly used. In severe cases of oleander poisoning complicated by hemodynamic instability, digoxin-specific Fab antibody fragments can be administered. Each vial of DigiFab® Digoxin Immune Fab (Ovine) contains 40 mg of purified digoxin-specific Fab, which will bind approximately 0.5 mg of digoxin. If the dose of ingestion is unknown, the number of vials can be calculated by a simple formula (Serum digoxin concentration, ng/mL x weight, kg ÷ 100). Our patient weighed over 120 kg, hence our empiric dose was 200 mg (5 vials).

This report presented a rare case of Mobitz type II atrioventricular block due to Nerium oleander poisoning which was successfully managed with digoxin specific Fab antibody fragments. It should be noted that as elevated pacing threshold or asystole unresponsive to pacing might occur in a portion of cases admitted with high degree atrioventricular block due to Nerium oleander poisoning, the authors strongly encourage the immediate use of digoxin-specific Fab antibody fragments in an effort to speed up hemodynamic improvement in these cases, particularly when the exact time of ingestion is unknown.

Conflict-of-interest issues regarding the authorship or article: None declared.

REFERENCES


Keywords: Atrioventricular block; Nerium oleander; digoxin/adverse effects.

Anahtar sözcükler: Atriyoventriküler blok; Nerium oleander; digoksin/yan etki