Pain, Paresis, Pulselessness, Disseminated Intravascular Coagulation And Death: Tumultuous Turn Of Events After Acute Heroin Intoxication

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Introduction:
Heroin intoxication can present with several life threatening medical conditions. We present herein a case of acute heroin intoxication after oral ingestion of the drug.
Case Summary:
A 60 year old drug peddler presented with acute onset severe leg pain, inability to move his legs and a fall at home. On admission, he had no palpable pulses in his lower extremities. Labs showed clinical picture consistent with severe rhabdomyolysis with acute Kidney injury, hyperkalemia, lactic acidosis and elevated CPK >150,000U/L. Patient denied recent drug use, however toxicology was positive for use of opiates and barbiturates. He was admitted to medical intensive care unit and started on aggressive fluid hydration. An aortic duplex scan was done which revealed soft thrombosis of mid to distal aorta and bilateral occlusion of external iliac arteries with distal extension. Vascular surgery was consulted for emergent intervention and he underwent aortoiliac and bilateral lower extremity open thrombectomy and fasciotomies to relieve the acute compartment syndrome he had developed. While in the operation room, patient was noted to have absent radial pulses and intraoperative arterial duplex revealed bilateral thrombosis of brachial arteries. Bilateral brachial artery exposure with bilateral upper extremity thrombectomy and embolectomy was also performed. Post operatively, he required pressor support and plan was to initiate hemodialysis. During an attempt to place a line for dialysis, he started to bleed from venipuncture and operative sites. Labs at that point showed a platelet count of 42,000, protime of 88.8 secs, aPTT of 65.6secs, fibrinogen of 157mg/dl and D-dimer of 15,260 ng/ml suggestive of disseminated intravascular coagulation (DIC). Patient's code status was changed to comfort care only and he expired. Family members subsequently revealed that patient was being chased by police three days ago and in an attempt to avoid arrest he had ingested large quantities of heroin he was carrying on himself.
Discussion:
Rhabdomyolysis and DIC are late onset complications of heroin intoxication presenting 12-72 hours after use. The exact pathogenesis of rhabdomyolysis is elusive; it is thought to result from either direct myotoxicity or immunological damage. Few cases of DIC after intravenous use of heroin and cocaine have been reported and thought to result from massive tissue damage and fibrin thrombi in micro circulation. Our case is unique since patient presented after oral ingestion of the drug and developed rhabdomyolysis with subsequent DIC and extensive macro thrombosis within arterial circulation.

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