

Heroin body-packing and naloxone

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Lancet 2019; 393: e35

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A 28-year-old man was transferred to our hospital after he suddenly lost consciousness in the street. He had an initial diagnosis of opioid overdose. Further, because of respiratory depression, hypoxaemia, miosis, loss of consciousness, and an absence of focal neurological signs and symptoms, the patient was given progressively larger doses of naloxone until he regained consciousness and started breathing normally and spontaneously. He said he had been abusing heroin and so because of this, and the clinical presentation, he was transferred to a clinical toxicology ward for further management. During 12 h of observation, the patient had four further episodes of apnoea despite being given further doses of naloxone. He was initially given a bolus of 0.04 mg intravenously, which was titrated up until his breathing improved. At this point his respiration returned to normal, and he continued treatment with two-thirds of the effective bolus dose infused intravenously every hour. His respiration rate was then monitored regularly.

Recurring periods of apnoea, a need for increasingly larger doses of naloxone, and the history of abuse of unknown amounts of heroin concerned us. Was there an alternative explanation for the patient's presentation? We were specifically worried the patient may have been a so-called heroin body-packer, even though he said he was not. A plain abdominal x-ray showed several foreign bodies (figure). A spiral CT scan of the abdomen and pelvis without oral contrast further showed multiple, hyperdense, foreign bodies in the distal section of the oesophagus, stomach, duodenum, and colon (figure).

The patient was immediately taken to surgery because of signs of gastrointestinal obstruction, the large number of packets seen on the CT scan, the gradual loss of consciousness, and the risk of packets being broken by a nasogastric tube during a whole bowel irrigation. A total of 82 packets containing heroin—including five that the patient vomited up while being transferred to the operating theatre—were retrieved from the stomach and bowels following total gastrotomy. Each packet weighed 20 g—confirmed by a Drug Enforcement Agency officer—and was encased in two condoms. The patient was later arrested by the police after making a full recovery and being discharged from hospital. We do not know the outcome of any legal proceedings involving the patient. However, under Iranian law, it is illegal to possess, transport, and be involved in the trade of narcotics; punishment can be up to 15 years of imprisonment, and in some cases, the offender is sentenced to death.

In cases of heroin overdose, if respiratory depression is not reversed following repeated intravenous bolus doses of naloxone—a total of 10–12 mg of naloxone can be given as intravenous boluses—then it is not recommended to set up an intravenous infusion.

Contributors

MV prepared the first draft, selected the related pictures, reviewed and revised the manuscript, and prepared the final draft. ABM collected the data, prepared the first draft, revised the paper, and researched the legal considerations. Written consent for publication was obtained from the patient.

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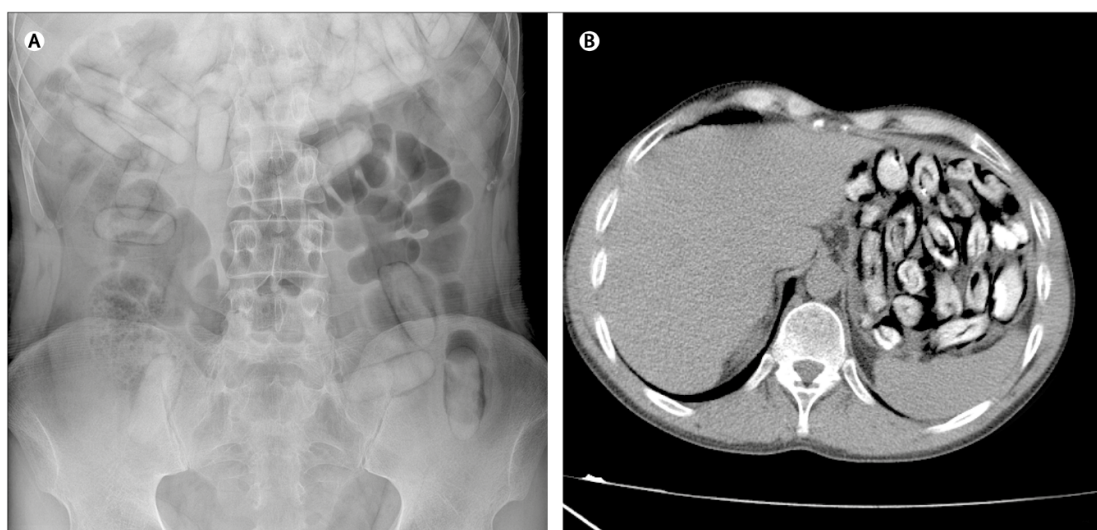


Figure: Heroin body-packing

Plain abdominal x-ray shows multiple, condom-encased packets of heroin (A). Spiral CT scan of the abdomen shows packets (B).