



CASE REPORT

'Jamaican Stone': A potentially lethal remedy for delaying ejaculation



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KEYWORDS

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Abstract Poisoning by ingestion of 'Jamaican Stone', a kind of cardioactive steroid, is extremely rare. However, mortality is very high. For this reason, when it occurs, an early and accurate diagnosis represents a critical challenge for clinicians. We present an unusual case of electrical storm caused by this substance.

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PALAVRAS-CHAVE

Pedra jamaicana;
Cardenolídeos;
Bufadienolídeos;
Esteroides
cardioativos

«Pedra jamaicana»: um remédio potencialmente letal para retardar a ejaculação

Resumo O envenenamento por ingestão de «pedra jamaicana», um tipo de esteroide cardioativo, é extremamente raro. Contudo, dado esta situação se associar a uma mortalidade muito elevada, o diagnóstico precoce e rigoroso desta situação pode ser clinicamente crucial. É retratado um caso pouco comum de tempestade arritmica causada por esta substância.

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Introduction

'Jamaican Stone', also known 'Love Stone' or 'Chan Su', is a kind of cardioactive steroid (CAS) derived from toad venom. In western countries, poisoning caused by ingestion of this

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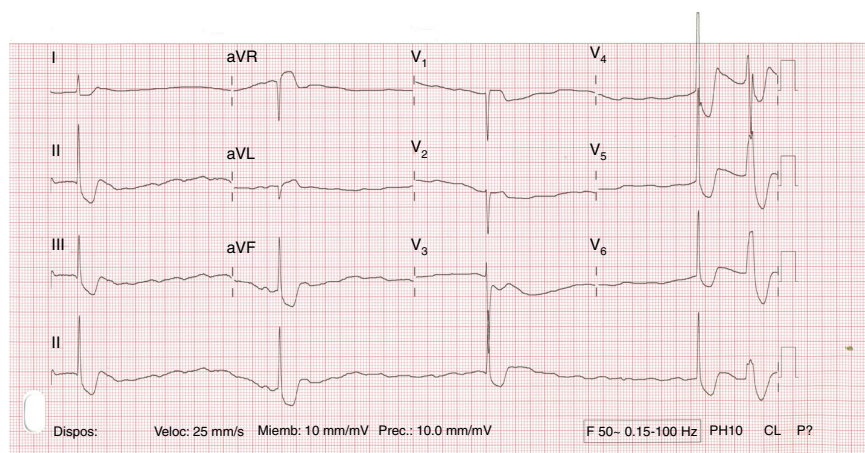


Figure 1 Complete atrioventricular block with premature ventricular complex.

substance is very uncommon. Thus, when it occurs, an early and accurate diagnosis represents a critical challenge for clinicians.

Case report

A previously healthy 32-year-old male presented with abdominal pain, nausea, weakness and vomiting after accidental ingestion of 'Jamaican Stone', a topical remedy applied direct to the penis for delaying ejaculation. On arrival at the hospital he was somnolent. Initial blood pressure was 85/30 mmHg and the electrocardiogram showed complete atrioventricular block with diffuse ST-segment depression (Figure 1). Treatment with dopamine was initiated. Transthoracic echocardiography revealed a hyperdynamic left ventricle and potassium was within normal limits.

Five minutes later he developed a 130 bpm regular wide QRS tachycardia that subsequently progressed to ventricular fibrillation treated by a shock. After defibrillation, asystole was observed, and advanced cardiopulmonary resuscitation was performed. Multiple recurrences of ventricular arrhythmias (Figure 2), including bidirectional ventricular tachycardia (VT) (Figure 3), were recorded, followed by ventricular fibrillation. Likewise, transcutaneous pacing

resulted in VT, and lidocaine infusion was therefore started. There was no recurrence of ventricular arrhythmias but he remained in complete atrioventricular block. A transvenous pacemaker was then successfully implanted.

Although intensive care treatment was performed, the patient's condition gradually worsened and he finally died 24 hours after ingestion.

Discussion

CASs consist of a steroid nucleus and an unsaturated 5-membered (cardenolide) or 6-membered (bufadienolide) lactone ring. Most cardenolides are derived from plants (such as *Digitalis lanata*, *Nerium oleander* or *Thevetia peruviana*). By contrast, bufadienolides are derived mainly from mammals and amphibians (such as toad venom, used to produce Jamaican Stone).

Cardenolides have been more often described in the literature.¹ Digoxin, a well-known cardenolide, is commonly used to treat atrial fibrillation and congestive heart failure, and the clinical effects and symptoms of overdose are well recognized. Toxicity due to other CASs is similar to digoxin poisoning.^{2,3}

Presentation as vomiting and abdominal pain is commonest, and neurological manifestations are also frequent

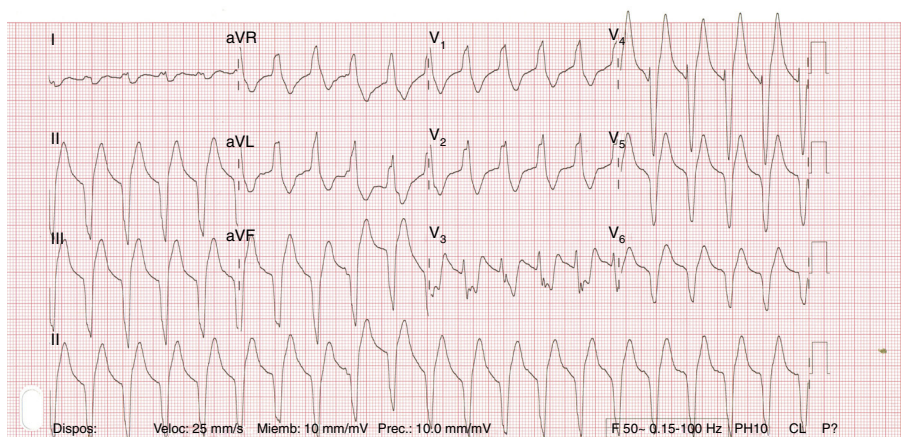


Figure 2 Ventricular tachycardia.

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