Intoxicación por paracetamol: abordaje diagnóstico-terapéutico

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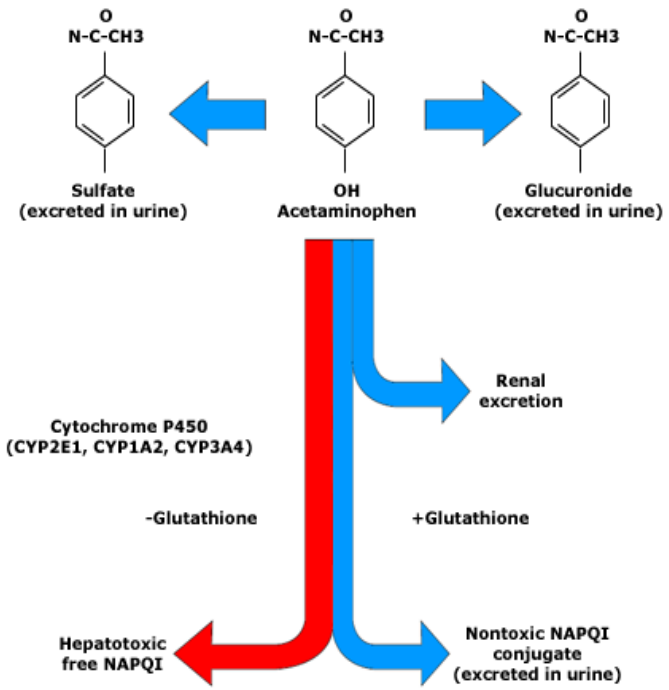
Paracetamol: características



- Absorción: GI, pico entre 30-120’ (en sobredosis hasta 4 horas)

- Metabolismo: 95% hepático
Metabolito tóxico: N-acetil-p-benzoquinoneimida (NAPBQ)

- Vida media de eliminación 2-4 h

AMERICAN ACADEMY OF PEDIATRICS

Committee on Drugs

Acetaminophen Toxicity in Children

ABSTRACT. Acetaminophen is widely used in children, because its safety and efficacy are well established. Although the risk of developing toxic reactions to acetaminophen appears to be lower in children than in adults, such reactions occur in pediatric patients from intentional overdoses. Less frequently, acetaminophen toxicity is attributable to unintended inappropriate dosing or the failure to recognize children at increased risk in whom standard acetaminophen doses have been administered. Because the symptoms of acetaminophen intoxication are nonspecific, the diagnosis and treatment of acetaminophen intoxication are more likely to be delayed in unintentional cases of toxicity. This statement describes situations and conditions that may contribute to acetaminophen toxicity not associated with suicidal intentions.

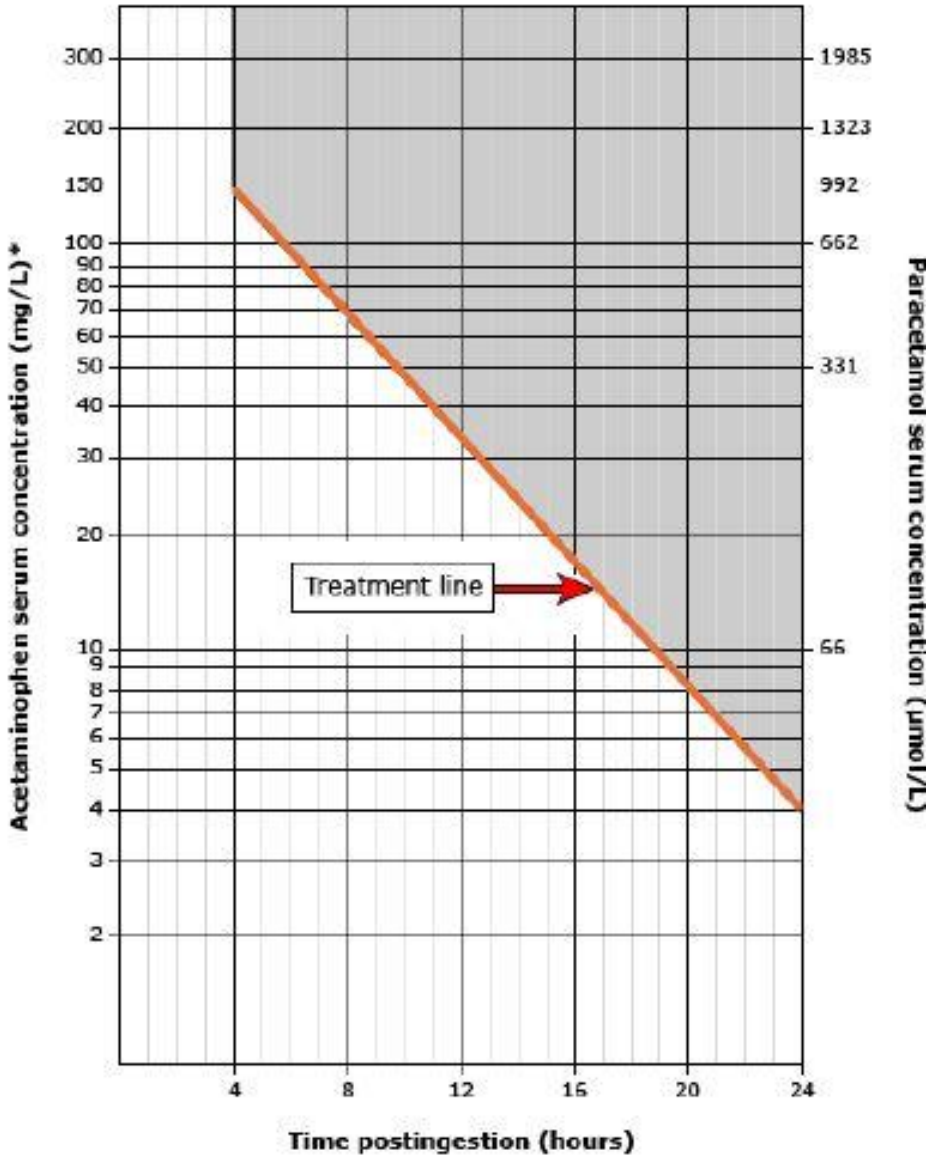
inappropriate dosing, delays in onset of symptoms after a potentially toxic ingestion, delays in initiation of NAC treatment, unintentional multiple overdosing, ingestion of acetaminophen along with another hepatotoxic drug (Table 1),[5] and use of adult rather than pediatric preparations.[6] Failure to read and understand the label instructions or use of an incorrect measuring device or preparation were cited as the usual causes of unintentional overdosing.[5] Use of sustained-release preparations, particularly without appropriate increases in dosing intervals, coadministration of an over-the-counter, fixed-dose combination product without recognizing that it contains acetaminophen, or supervision of medication administration by another child may also contribute to such errors.[5]

Causas de intoxicación:
- intencional
- accidental

Aguda vs Crónica

Dosis tóxica aguda:
150 mg/kg

Nomograma de Rumack – Matthew.



Caso clínico

EA: niña de 14 años acude a UPED por ingesta de 20 comprimidos de paracetamol 650mg hace 21h (dosis 298,85 mg/kg). Acude por dolor abdominal, náuseas, vómitos y mal estado general.

AP: sin relevancia. Distocia socio-familiar grave.

EF: abdomen blando y depresible, doloroso a la palpación en HD. Hepatomegalia 3 cm. No ictericia, no signos de sangrado. Sensorio normal.

	Horas después ingesta	Alteraciones clínicas	Alteraciones analíticas
Estadio I	0,5-24h	· Asintomático · Náuseas, vómitos, diaforesis, mal estado general, palidez, letargia	Normal
Estadio II	24-72h	· Resolución síntomas estadio I · Dolor hipocondrio derecho, hepatomegalia · Oliguria	↑ Amilasa Alteración función renal ↑ PT ↑ transaminasas
Estadio III	72-96h	· Síntomas estadio I · Fallo hepático (encefalopatía, diátesis, sangrado…) · Fallo renal, miocardiopatía, fallo multiorgánico, muerte	↑ Aumento enzimas hepáticas (>10.000 UI/L) ↑ Bilirrubina, acidosis láctica, ↓glucosa, ↑ amonio Alteración coagulación Fallo renal
Estadio IV	4d-14d	Recuperación	Tendencia a la normalización

Paracetamol overdose: an evidence based flowchart to guide management

C I Wallace, P I Dargan, A L Jones

Emerg Med J 2002;**19**:202–205

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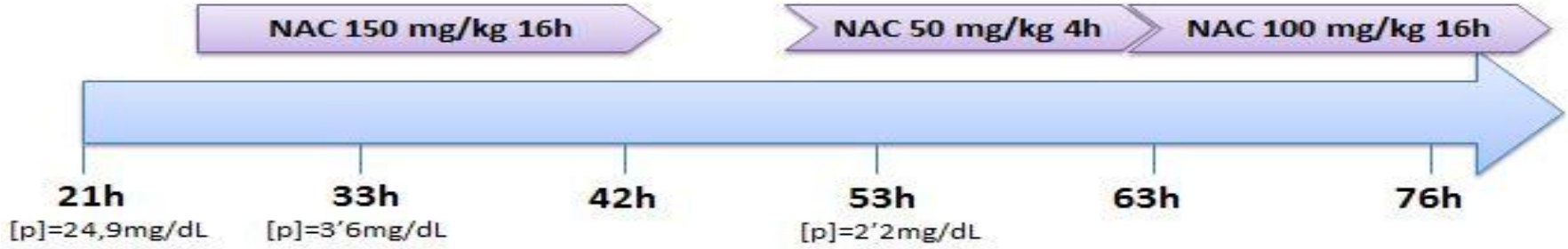
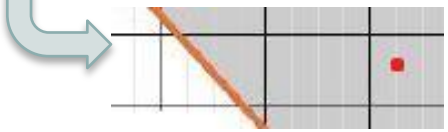
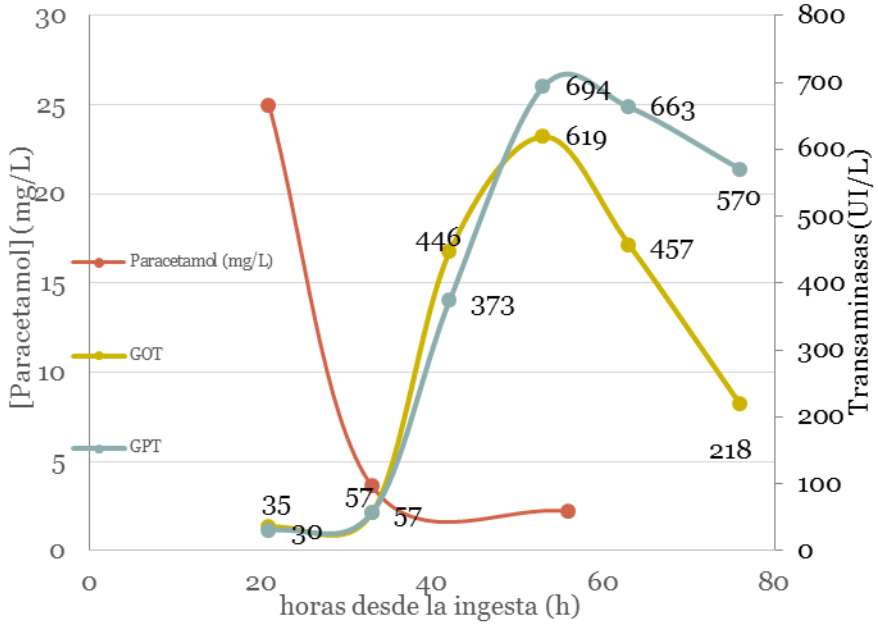
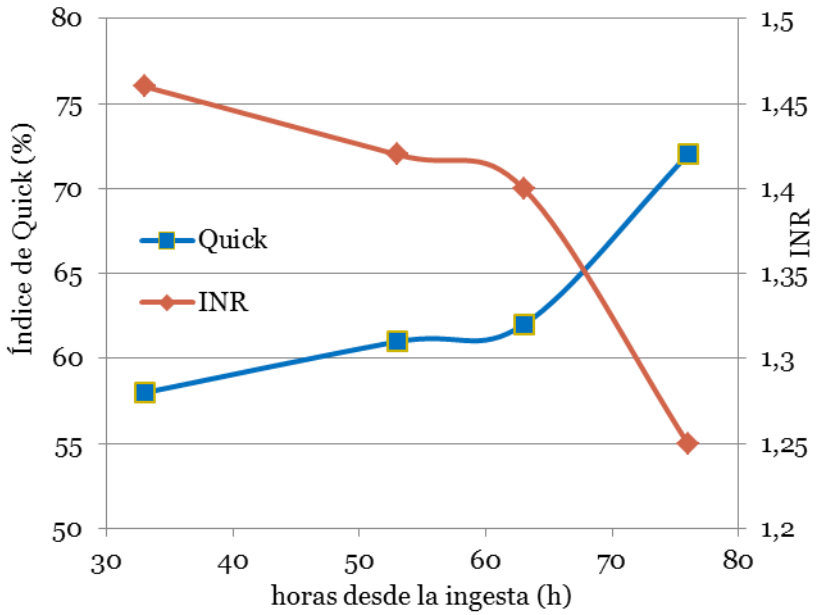

NAC 150 mg/kg 16h
NAC 50 mg/kg 4h
NAC 100 mg/kg 16h
21h
[p]=24,9mg/dL
33h
[p]=3'6mg/dL
42h
53h
[p]=2'2mg/dL
63h
76h




[Paracetamol] (mg/L)
Transaminasas (UI/L)
Paracetamol (mg/L)
GOT
GPT
horas desde la ingesta (h)
35
30
57
57
446
373
619
694
663
570
457
218


Índice de Quick (%)
INR
Quick
INR
horas desde la ingesta (h)

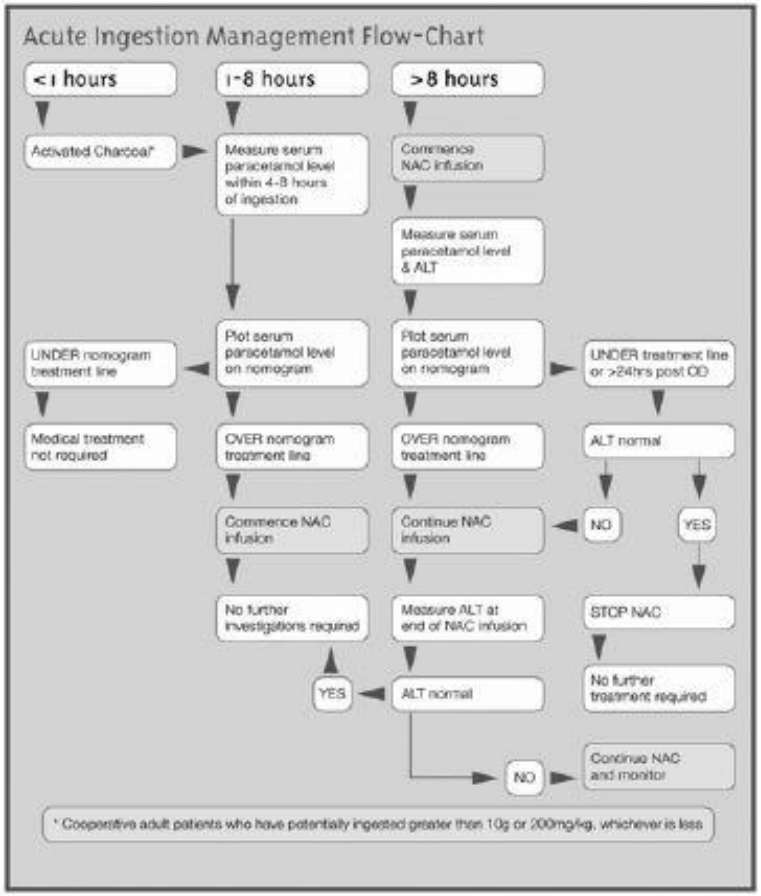
Tratamiento

1. Medidas de soporte
2. Carbón activado
3. N- Acetilcisteína (NAC)
   - VO: dosis carga 140 mg/kg + mantenimiento 70mg/kg cada 4h hasta 17 dosis

   - IV: 50ml NAC 20% + 200ml SG5% solución NAC 40mg/ml

D1=150mg/kg iv 15min ⟶ 3,75ml x kg en 15min
D2= 50mg/kg iv 4h ⟶ 1,25ml x kg en 4h
D3= 100mg/kg iv 16h ⟶ 2,5ml x kg en 16h.

3. Trasplante hepático



CONSENSUS STATEMENT

Guidelines for the management of paracetamol poisoning in Australia and New Zealand — explanation and elaboration

A consensus statement from clinical toxicologists consulting to the Australasian poisons information centres

Frank F S Daly, John S Fountain, Lindsay Murray, Andis Graudins and Nicholas A Buckley

UNIVERSITAS Miguel Hernández

Servicio de Pediatría
DEPARTAMENTO DE SALUD ALICANTE - HOSPITAL GENERAL

Referencias bibliográficas

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Título	Documento	Año
Management of acetaminophen poisoning in children and adolescents, clinical manifestations and diagnosis	UpToDate® Revisión	2015
Intoxicación por paracetamol	Servicio de Pediatría / AGÈNCIA VALENCIANA DE SALUT Protocolos	2015 2009
Guidelines for the management of paracetamol poisoning in Australia and New Zealand — explanation and elaboration	MJA Consenso	2008
Paracetamol overdose: an evidence based flowchart to guide management	BMJ Revisión	2002
Acetaminophen Toxicity in Children	PEDIATRICS OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS Revisión	2001