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Misdiagnosis, happy ending

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Background & Aim: Woman, 38 years old. Unknown drug allergies. Unremarkable backgrounds. She comes to consultation by overall poor condition; associated difficulty walking, blurred vision, anxiety, xerostomia and palpitations, recent onset. She denies consumption of toxics. Physical exploration: conscious, agitated, overall poor condition. Cardiopulmonary auscultation rhythmic 120 bpm, preserved vesicular murmur without superadded noise. Abdomen soft and amenable pressure, without masses or organ enlargement. Neurological examination: Glasgow 15, very mydriatic and lazy unresponsive pupils. No signs of meningitis. Rest unrelevated.

Method: Given the affectation of the patient, she is derived referral hospital testing to complete studio. Supplementary test: anodyne. Toxic negative urine. Patient is questioned about epidemiological backgrounds and she mentions that she had ingested a drink made of boiled lupins just one hour earlier to lower her choledterol. The toxicology report informs.

Results: The patient is misdiagnosed with lathyrism and she receives treatment to support her vital functions and to lower her agitation level and she is discharged home 24 hours later.

Conclusions: Although the patient's favorable evolution, the misdiagnosis could have killed her due to an insufficient treatment. This case requires two differential diagnoseis of poisoning legume poisonings. Lathyrus sativus can be fatal due to kills by neuronal over--excitement. Lathyrus sativus Acutely produces an acute a spastic paraparesis or paraplegia. Laboratory tests and neuroimaging only serve to differential differentiate diagnoseis, since the diagnostic results are shown by exclusion diagnosis. Treatment: Discontinue intake of legumes to stop disease progression. However, Lupinus albus is toxic by alkaloid. It produces an anticholinergic syndrome inhibiting cholinergic neurotransmission in the central muscarinic receptors and/or peripherals. Neurological clinic: disorientation, extrapyramidalism, ataxia, hallucinations, convulsions, mydriasis... Others: tachycardia, blurred vision, hyperthermia... Diagnosis of exclusion, and studying toxic urine. Supportive therapy, electrocardiographic monitoring, gastric lavage and oral intake of activated charcoal orally, benzodiazepines for the central symptoms, and physostigmine in case of if very exacerbated neurological uninteresting.