Amanita phalloides (Death Cap) and other Cyclopeptide Mushrooms

Ingestion of one *Amanita phalloides* mushroom is potentially fatal. Early risk assessment and institution of Rx in cases of possible exposure is paramount.

**Risk Assessment**
*Amanita phalloides* typically grow under oak trees
- White gills and volva
- One mushroom may result in toxicity leading to death
- Found in Victoria and ACT, rarely other states
- Toxins are heat stable and are not inactivated by cooking

**Clinical Presentation**
The typical presentation outlined below may vary due to:
- Mixed ingestions: other mushrooms may produce early GI symptoms
- Large ingestions: large ingested doses of *Amanita* may produce early GI symptoms

0-5 hours: Asymptomatic
5-24 hours: Nausea, vomiting, diarrhoea, abdominal pain, mild elevation LFTs, and renal dysfunction
1 to 7 days: Fulminant hepatic failure, renal failure, encephalopathy, death

**Management:**
Management requires expert advice.
Mushroom ID may be possible. Discuss with clinical toxicologist or a Poisons Information Centre.
Retain samples of mushroom if available. Photographs with size marker may help with identification.

**Supportive care:** IV fluid resuscitation to correct and maintain euvolemia (losses may be significant)
**Decontamination:** 50g activated charcoal single dose and 25g every 2 hours if no contraindications.
Discuss with clinical toxicologist regarding duration. AC may be beneficial up to 48 hrs post ingestion.

**Specific Antidotes:**
- **Acetylcysteine:** Same infusion protocol as for paracetamol toxicity. See separate guideline.
- **Silibinin:** See separate guideline for silibinin.
  IF NO SILIBININ AVAILABLE IMMEDIATELY then please discuss with a clinical toxicologist.
  Alternative antidotes that may have a beneficial interim role include rifampicin OR benzylpenicillin:
  - **Rifampicin:** 600 mg IV daily
  - **Benzylpenicillin:** 600mg/kg/day in divided doses for 1st day

**Liver Transplant:** Discussion with liver transplant unit if signs of fulminant hepatic failure.

**Disposition:**
If asymptomatic at 24 hours post ingestion with normal liver / renal function, then can be discharged
If symptomatic, but LFTs / renal function normal at 48-hours post exposure, then this excludes amanita-related mushroom poisoning
Continue antidotal therapy until down-trending LFTs and asymptomatic OR for at least 6 days

**Liver Transaminases:** may take 24hrs to rise.
Renal function, lactate, INR