

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

Investigations:

Liver transaminases: may take 24hrs to rise.

Renal function, lactate, INR

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 euvoemia (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