



Letters to the Editor

Nasogastric Tube, Activated Charcoal and Peritonitis[☆]

Sonda nasogástrica, carbón activado y peritonitis

Dear Editor,

Lobo-Machín et al. have recently published a rare complication of intoxication treatment: charcoal peritonitis secondary to a juxtapyloric perforation by a nasogastric tube.¹ This type of perforations is more associated with iatrogenesis caused by the insertion of the tube than the charcoal itself and, occasionally previous gastric surgery is a risk factor.²

Gastric lavage to treat intoxications is currently discredited^{3–6} and is no longer a routine procedure. It is only considered as an option after recent ingestions of lethal doses and, particularly, when the toxin is not absorbable by activated charcoal.

Gastrointestinal perforation during oral administration of charcoal has never been reported, although several other complications have been described.⁷ In the case they present, a single oral dose of charcoal would have been sufficient for a moderate ingestion of escitalopram because it is considered that the ingestion of this drug induces ECG alterations at dose of more than 300 mg.⁸ The additional ingestion of 3 mg of bromazepam and 6 mg of lormetazepam should be considered a practically atoxic dose. If the time transpired from the ingestion of these drugs until medical care was received had been more than 2 h, the best option would have been not to perform any type of gastrointestinal decontamination method.⁹

- Dunning K, Plymyer MR. Charcoal peritonitis causing chronic pelvic pain: a unique complication following bariatric surgery. *Obes Surg.* 2006;16:1238–42.
- Benson BE, Hoppu K, Troutman WG, Bedry R, Erdman A, Höjer J, et al. Position paper update: gastric lavage for gastrointestinal decontamination. *Clin Toxicol (Phila).* 2013;51:140–6.
- Justiniani FR, Hippalgaonkar R, Martínez LO. Charcoal-containing empyema complicating treatment for overdose. *Chest.* 1985;87:404–5.
- Sabga E, Dick A, Lertzman M, Tenenbein M. Direct administration of charcoal into the lung and pleural cavity. *Ann Emerg Med.* 1997;30:695–7.
- Mariani PJ, Pook N. Gastrointestinal tract perforation with charcoal peritoneum complicating orogastric intubation and lavage. *An Emerg Med.* 1993;22:606–9.
- Amigó M, Nogué S, Miró O. Carbón activado en 575 casos de intoxicaciones agudas. Seguridad y factores asociados a las reacciones adversas. *Med Clin (Barc).* 2010;135:243–9.
- Poisindex. Citalopram and related agents; 2014. Available at: <http://www.micromedexsolutions.com> [accessed 01.12.14]
- Nogué S. Generalidades. In: Rozman C, editor. *Medicina Interna*. 17.^a edición Barcelona: Elsevier; 2012; p. 2381–7.

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Conflict of Interests

The authors have no conflict of interests to declare.

REFERENCES

- Lobo-Machín I, Medina-Arana V, Delgado-Plasencia L, Bravo-Gutiérrez A, Burillo-Putze G. Peritonitis por carbón activado. *Cir Esp.* 2015;93:e107–9.

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