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. 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.

Gastric lavage to treat intoxications is currently discredited 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. 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. 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.

Conflict of Interests

The authors have no conflict of interests to declare.

REFERENCES


Santiago Nogué a,b*, Montserrat Amigo a,b, Óscar Vidal a

aServicio de Urgencias, Hospital Clínico, Barcelona, Spain
bGrupo de investigación: Urgencias: procesos y patologías, Institut d’Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain
cServicio de Cirugía General, Hospital Clínico, Barcelona, Spain

*Corresponding author.
E-mail address: SNOGUE@clinic.ub.es (S. Nogué).

2173-5077/
© 2015 AEC. Published by Elsevier España, S.L.U. All rights reserved.

DOI of original article: http://dx.doi.org/10.1016/j.cireng.2013.12.035

* Please cite this article as: Nogué S, Amigó M, Vidal Ó. Sonda nasogástrica, carbón activado y peritonitis. Cir Esp. 2016;94:58.