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UVULA EDEMA DUE TO ECBALIUM ELATERIUM

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Abstract

Ecbalium Elaterium is a plant that grows in the Mediterranean. It is used as a folk remedy in the treatment of sinusitis. In this case report, we aimed to present a patient, who developed uvular edema due to the use of squirting cucumber. A 38-year-old female presented to our emergency department with the complaints of shortness of breath and difficulty swallowing. It should be remembered that the medicines used in traditional treatment methods can have fatal consequences.

Keywords: *Uvula edemi, sinusitis, emergency.*

Резюме

УВУЛЯРНЫЙ ОТЕК ЯЗЫКА ВСЛЕДСТВИЕ ПРИМЕНЕНИЯ ЕСБАЛИУМ ЭЛАТЕРИУМ (БЕШЕННЫЙ ОГУРЕЦ)

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Ecbalium elaterium (Бешенный огурец) - растение, произрастающее в Средиземном море. Используется как народное средство при лечении гайморита. В этом отчете мы хотели представить случай обращения пациентки, 38-летней женщины, обратившейся в отделение неотложной помощи с жалобами на одышку и затрудненное глотание. Был диагностирован увулярный отек языка из-за употребления в лечебных целях Ecbalium elaterium (бешенного огурца). Следует помнить, что лекарства, используемые в традиционных методах лечения, могут иметь фатальные последствия.

Ключевые слова: *Отек языка, синусит, неотложная помощь.*

Түйіндеме

ЕСБАЛИУМ ЭЛАТЕРИУМ (ҚҰТЫРҒАН ҚИЯР) ҚОЛДАНУЫ САЛДАРЫНАН ТІЛДІҢ УВУЛЯРЛЫ ІСІГІ

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Ecbalium elaterium (құтырған қияр) - Жерорта теңізінде өсетін өсімдік. Гайморитті емдеуде халықтық ем ретінде қолданылады. Бұл есепте біз жедел жәрдем бөлімшесіне тыныс алу және жұтылу қиындықтары туралы шағымданған 38 жастағы әйелдің емделуін ұсынғымыз келді. Емдік мақсатта Ecbalium elaterium (құтырған қияр) қолдану салдарынан тілдің увулярлық ісінуі диагнозы қойылды. Дәстүрлі емдеуде қолданылатын дәрі-дәрмектер өлімге әкелуі мүмкін екенін есте ұстаған жөн.

Түйінді сөздер: *тілдің ісігі, синусит, шұғыл көмек.*

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Introduction

Ecballium Elaterium is a plant that grows in the Mediterranean [1] (Figure 1). It is found abundantly on roadsides, in locations up to 600m above the sea level. It is publicly known by names such as squirting cucumber, wild cucumber, exploding cucumber and wild balsam apple (1, 2). It is used as a folk remedy in the treatment of sinusitis (3-6). Apart from that, it is known to be used for rheumatism, hepatitis, hemorrhoids and constipation (1,2). It has been reported to have antimicrobial and antifungal effects and to inhibit the proliferation of cancer cells (7-9). Cucurbitacin B substance is the substance that is responsible for the anti-inflammatory effect of the fruit (1-3, 8).



Figure 1. Sauritina cucumber.

In this case report, we aimed to present a patient, who developed uvular edema due to the use of squirting cucumber.

Case

A 38-year-old female presented to our emergency department with the complaints of shortness of breath and difficulty swallowing. According to his medical history, it was learnt that she had difficulty swallowing and shortness of breath after dropping a few drops of squirting cucumber juice in his nose. The overall condition of the patient was good, and her vital symptoms were stable. It was observed that there was edema in the uvula and rash on the soft palate (Figure 2).

The patient was administered 0.3 mg of intramuscular adrenaline. Next, she was administered 60 mg of Methylprednisolone and 1amp of Pheniramine hydrogen maleate.

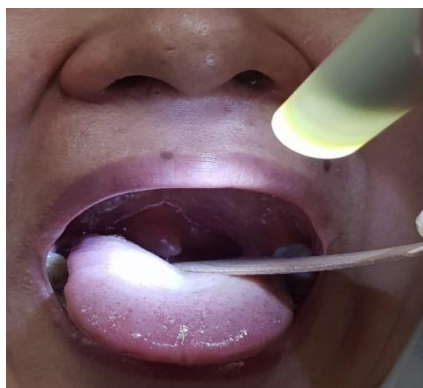


Figure 2. Uvula edema.

Oxygen was given at 6L/min. The patient was followed up. After the regression of her complaints, the patient was discharged with the prescription of an antihistamine.

Discussion

Squirting cucumber is widely grown in countries in the Mediterranean (1-3). There are publications reporting that the plant is useful in the treatment of various diseases; and

there are publications reporting that it causes undesirable side effects ranging from rash to anaphylaxis (3-6). Our patient used squirting cucumber for the treatment of sinusitis, and then uvular edema developed.

When the patient presents after the use of squirting cucumber, first of all, the airway safety of the patient should be provided. In case there is uvular edema and shortness of breath, 0.3 mg of Adrenaline should be administered intramuscularly; and if the patient does not improve, early intubation should be considered (3-6). Since our patient had uvular edema, we administered 0.3 mg of adrenaline, after which the patient was relieved.

In patients with allergic rashes and angioedema, 45.50 mg of pheniramine hydrogen maleate and 1 mg/kg of methylprednisolone should be administered (3-6). We administered these treatments at the recommended dose to our patient. Antihistamines should be prescribed when discharging the patients.

Conclusions: It should be remembered that the medicines used in traditional treatment methods can have fatal consequences.

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