



Poison HOTLINE

Partnership between Iowa Health System and
University of Iowa Hospitals and Clinics

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Did you know

HIPAA's provision for Poison Centers:

Poison control centers are health care providers for purposes of the Privacy Rule. Thus, the HIPAA Privacy Rule permits covered entities to disclose protected health information to poison centers for treatment activities, including follow-up consultations. The ISPC handles all patient information in accordance with the Security and Privacy section of HIPAA (45 CFR 164).

As part of the ISPC's service and obligation to provide good patient care, we appreciate your cooperation in providing follow-up medical information about poisoning and overdose cases.

The "Other" Toxic Mushrooms

Spring, the time when flowers, love and mushrooms are in bloom, is the season in which the ISPC receives the most calls about mushroom ingestions. Classically, mushrooms are divided into eight groups: (a) some of the *Amanita* species which causes liver toxicity, such as *Amanita verosa*, (b) the *Gyromitra*, with its pyridoxine-responsive seizures, (c) the *Psilocybin* hallucinogenic mushrooms, (d) the hallucinogenic *Amanita* species which contain ibotenic acid or muscimol, and (e) the *Coprinus*, or "Inky Cap," which causes a disulfuram – like reaction when ingested with ethanol. The cholinergic syndrome from the muscarine containing (f) *Inocybe* and *Clitocybe* mushrooms is seen occasionally. Less often seen is delayed renal failure caused by members of the (g) *Cortinarius* genus, which contain the toxin orellanine. Lastly, (h) *Chlorophyllum molybdites* and *Omphalites illudens* are examples of the many mushrooms which cause early onset of a nonspecific gastroenteritis.

Health professionals may encounter several other less common mushroom-poisoning syndromes. The paxillus syndrome is caused by the "brown rim-roll mushroom" (*Paxillus involutus*) which causes an allergy-mediated hemolytic anemia. The toxic response seems to worsen with subsequent exposures.

Rhabdomyolysis, occasionally severe enough to cause death, has been reported with ingestions of *Tricholomas equestre*, the "Man on Horseback" mushroom. These ingestions have occurred mainly in France, but the mushroom is also found in the United States.

Another rare type of mushroom poisoning is caused by *Amanita smithiana* which contains toxins which lead to a sub-acute renal failure. The onset of symptoms occurs at about five hours after ingestion, but is quite variable. The onset of renal failure occurs, on average, about 5 days later and usually responds to supportive care and dialysis. These mushrooms are commonly mistaken for the popular and delicious Matsutake mushrooms.

The next time you see a patient with acute renal failure, hemolytic anemia, or rhabdomyolysis without obvious etiology, you may want to ask them about recent ingestion of wild mushrooms. You just might pick up an interesting case and save your patient from a more serious mushroom poisoning in the future.

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1-800-222-1222

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