

# HAEMADSORPTION THERAPY FOR CALCIUM CHANNEL BLOCKER OVERDOSE: A CASE REPORT

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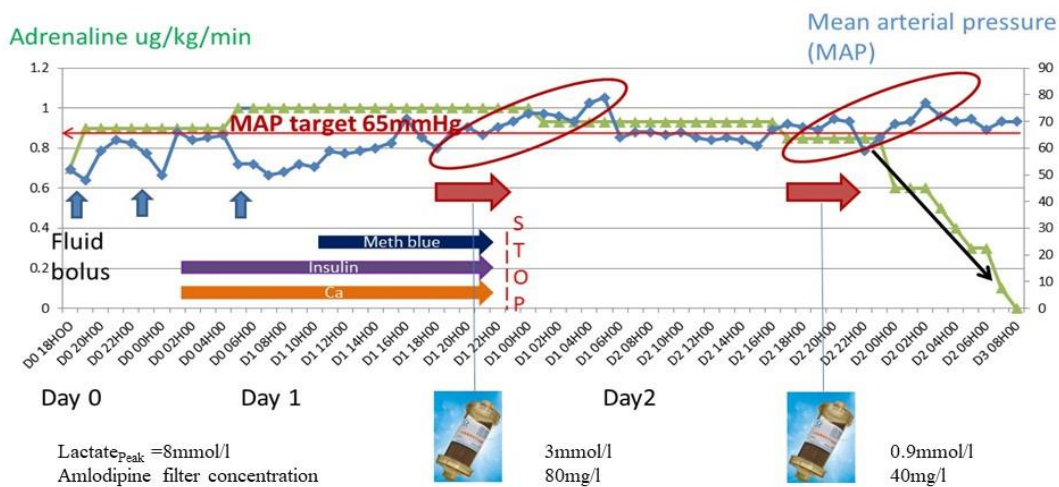
## Objective

To describe the use of haemadsorption (HA) in a case of severe CCB toxicity (amlodipine, T<sub>1/2</sub> 50 hours) with persistent refractory hypotension despite a stepwise approach to management.

## Method

- 28-year-old male- admitted to ICU for acute severe amlodipine toxicity.
- First 24 hours :
  - Mechanical ventilation, adrenaline (1ug/kg/min), calcium
  - Insulin euglycemic (2U/kg/hr), methylene blue 2mg/kg & 1mg/kg/hr.
- MAP remained below 65mmHg with lactate of 8 mmol/l.
- HA Rx initiated: Dialysis catheter + Jafron HA 230 filter in series with a Prismaflex CRRT filter circuit.
- Predilution 500ml/hr. Blood flow rate of 180ml/min. Bicarbonate based predilution. Circuit heparin: bolus 20U/kg followed by 12U/kg/hr.
- HA cycle 1 time= 6hr – 18hr wait - HA cycle 2 time= 6hr
- Enoxaparin 40mg sc daily.
- HA filter 1 & 2 fluid sent to lab for amlodipine measurement – Method:LCMS

## Results



## Conclusion

We observed a dramatic haemodynamic and metabolic response to hemoadsorption therapy in a case of life threatening refractory shock secondary to a CCB overdose. A styrene resin filter adsorbed significant amounts of amlodipine.