

CIGUATERA

CIGUATERA is caused by ingestion of tropical reef-dwelling fish that have consumed microorganisms that produce ciguatoxins, or other fish that have consumed the toxins. Ciguatoxins are thought to increase flow through neuronal sodium channels. Ciguatoxin is heat stable, lipid soluble, acid stable, odorless and tasteless.

Although affected fish appear normal, all tissues can be toxic, especially organs contained within the abdominal and thoracic cavities, such as the liver and heart. Because ciguatoxins are concentrated up the food chain, the risk of ciguatera is greatest with consumption of larger predatory fish. Fish commonly involved are amberjack, barracuda, grouper, kingfish, moray eels, parrot fish, red snapper, sea bass, and surgeon fish.

Symptoms:

Ciguatera is characterized by gastrointestinal (abdominal pain/cramping, nausea, vomiting and profuse watery diarrhea lasting 24-24 hours) and neurologic effects, usually beginning within hours of ingestion. Gastrointestinal symptoms typically appear first and are followed by neurologic effects. Paresthesias (pins and needles feeling) are the hallmark of ciguatera poisonings. Neurologic effects usually resolve within 2 weeks but can persist for months. Ocular effects include blurred vision, transient photophobia, transient visual loss, mydriasis, and lacrimation. Chills without fever may occur. Diaphoresis and itching are common. Drowsiness, headache, dizziness, fatigue, and malaise are often reported. Less common effects include hypotension, bradycardia, hypothermia, and respiratory depression. Fatalities are rare.

Sensations of "hot-cold reversal," also described as paradoxical sensory disturbances, are often seen. Other sensory effects include metallic taste and the feeling of loose or painful teeth. Cranial nerve palsies, visual hallucinations, and dysuria are occasionally reported.

Symptoms of ciguatera poisoning can be further exacerbated by ethanol use and stress. Ciguatoxin may be transmitted from males to females during sexual contact. Cases of ciguatera poisoning in breast feeding infants whose mothers were poisoned have been reported.

Diagnosis: Diagnosis is based on clinical findings and a history of fish ingestion rather than diagnostic testing. Repeated exposures to ciguatoxins may produce more severe attacks.

Treatment: Treatment of ciguatera poisoning is primarily supportive.

- Hypotension: Treat with IV fluids, consider vasopressors as needed
- Seizures: Treat with benzodiazepines
- Antiemetic and antidiarrheal preparations may be given
- There are reports of successful treatment of neurologic manifestations with IV mannitol 1 g/kg IV over 40-60 min and this may be considered if within 48 h of symptom onset
- NSAIDS or other analgesics for pain and muscle aches
- Patients should avoid further fish and seafood ingestion and alcohol for several months after the incident, since these substances may aggravate symptoms or slow recovery

Registered Nurses and Pharmacist Specialists are available 24/7/365. Consultation with a toxicologist is available on request. Dial 1-800-222-1222 and speak to a specialist immediately.