

**Ingestion of one *Amanita phalloides* mushroom is potentially fatal. Early risk assessment and institution of Rx in cases of possible exposure is paramount.**

## Risk Assessment

*Amanita phalloides* typically grows near oak trees

- White gills and volva
- One mushroom may result in toxicity leading to death
- Found in Victoria, SA and ACT, rarely other states
- Toxins are heat stable: not inactivated by cooking/drying

## Clinical Presentation

The typical presentation outlined below may vary due to:

- Mixed ingestions: other mushrooms may produce early GI symptoms
- Large ingestions: large, ingested doses of *Amanita* may produce early GI symptoms

**0-5 hours:** Asymptomatic

**5-24 hours:** Nausea, vomiting, diarrhoea, abdominal pain, mild elevation LFTs, and renal dysfunction

**1 to 7 days:** Fulminant hepatic failure, renal failure, encephalopathy, death

## Investigations:

Liver transaminases: may take 24hrs to become abnormal  
Renal function, lactate, INR

## Management:

Management requires expert advice. PLEASE DISCUSS ALL CASES WITH A CLINICAL TOXICOLOGIST

Mushroom ID may be possible. See separate "Identification of fungi in Victoria" guideline

Retain samples of mushroom if available. Photographs with size marker may help with identification.

**Supportive care:** aggressive early IV fluid resuscitation to correct GI losses, which may be significant (4-6 liters of IV fluid are typically required in the first 24 hours in patients with severe symptoms)

**Decontamination:** 50g activated charcoal single dose and 25g every 2 hours if no contraindications.

AC may be beneficial up to 72 hours post ingestion.

## Specific Antidotes:

- **Acetylcysteine:** Utilize same infusion protocol as for paracetamol toxicity. See separate guideline.
- **Silibinin:** See separate *Silibinin* guideline. If silibinin is not available immediately, alternative antidotes that may have a beneficial interim role include:

**Rifampicin:** 600 mg IV daily (child 15mg/kg up to 600 mg) OR

**Benzylpenicillin:** 3 g IV 4 hourly (Child: 60 mg/kg up to 2.4 g)

**Liver transplant:** discuss with liver transplant unit in cases who develop acute liver injury (ALT>250)

## Disposition:

If asymptomatic at 24 hours post ingestion with normal liver / renal function, then can be discharged

If symptomatic, but LFTs / renal function normal at 48-hours post exposure, then this excludes amatoxin-related mushroom poisoning

Continue antidotal therapy until down-trending LFTs and asymptomatic OR for at least 6 days