Recovery of ingested heroin packets

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SUMMARY

Two patients deliberately ingested single paper packages containing heroin. These were recovered intact by induction of emesis with syrup of ipecacuanha.

CASE REPORTS

Case 1

A 32-year-old male heroin user presented 2 hours after the ingestion of a single paper envelope containing approximately 1 g of heroin. The patient showed no signs of opioid toxicity, but external stigmata of intravenous drug usage, including multiple puncture marks with associated cellulitis and lymphangitis, were present.

An erect plain X-ray of the abdomen suggested a packet might be lying within the gastric fundus (Figs 1 and 2).

The patient was admitted and, in consideration of the risks of allowing the envelope to continue on its course down the alimentary tract, the decision was made to remove the packet by the induction of emesis. With the patient's informed consent, 15 ml of syrup of ipecacuanha in 100 ml of water was given orally. This resulted in vomiting and the production of a single intact paper envelope, measuring 2.5×4 cm.

Case 2

A 23-year-old single, unemployed male, presented $1\frac{1}{2}$ hours after the deliberate ingestion of a single paper- and 'cling film'-wrapped package, containing approximately 1 g of heroin.

The patient showed no signs of opioid toxicity but had venepuncture marks on both forearms. He gave a past history of previous infection with hepatitis B.

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Fig. 1 (a) Erect plain X-ray of the abdomen showing ingested heroin packet lying within the gastric fundus, and (b) key to (a).

An erect plain X-ray of the abdomen was normal. With his informed consent he was given ipecacuanha orally. Vomiting occurred within 15 minutes, with the production of the intact package.

DISCUSSION

Ingestion of this form of package is well recognised and described as the 'body packer' syndrome (McCarron & Wood, 1983). The major complications are gastrointestinal obstruction or rupture of the packets, and fatalities have occurred. In addition, prolonged exposure of the packets to alimentary fluids can cause leaching of the packet contents (Fainsinger, 1977; Suarez *et al.*, 1977; McCarron & Wood, 1983; Caruna *et al.*, 1984).

Previous reports have described how packages containing cocaine have been removed by induction of vomiting and purgation (Fainsinger, 1977). Recovery by upper gastrointestinal endoscopy has been attempted, resulting in the rupturing of the packet during snaring (Suarez *et al.*, 1977).

In the two cases presented, the purpose of medical intervention was to prevent harm to the patient and informed consent was received in both cases before administration of the ippecacuanha. Intravenous cannulae were inserted as a precaution in case the packet ruptured and intravenous naloxone was required. Strict hepatitis precautions were observed at all times.

In summary, syrup of ippecacuanha may be valuable in the recovery of ingested packets, particularly if ingestion is known to be recent or if a plain abdominal X-ray confirms its presence within the stomach.

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