

## Strange Addiction

**A Hospital Emergency Department in Kashmir**

**M**ore than 10 years have passed since I saw the patient with a strange addiction—an addiction to a life-saving drug. And it was this drug that killed him.

I was working at a hospital in Srinagar, Kashmir. A middle-aged man was brought to the emergency department. The emergency team and I immediately attended to him and noted that the heart monitor showed ventricular tachycardia. A 12-lead electrocardiogram showed an extensive anterior wall injury pattern. I had seen many cases of this disorder before, but this case was unique.

The companion who brought this patient to the hospital told us that the patient had taken some kind of intravenous injection 1 hour before presentation. We checked the patient's clothes and found 3 ampules of an intravenous injection drug. To our utter surprise, this drug was adrenaline! The patient was moved to the intensive care unit for management as a case of myocardial infarction; however, he died within 24 hours be-

cause of cardiogenic shock.

On reviewing the patient history, we learned that the patient, a tailor by profession, suffered from chronic bronchial asthma. He started using adrenaline subcutaneously 1 year before presentation, but, in the past few months, he had graduated to using the drug intravenously. Every 2 to 3 days he used adrenaline, primarily by self-injecting the drug into his vein. He had become an adrenaline addict.

In those days (10 years ago), adrenaline was a prohibited drug in Kashmir and was not available in any private pharmacy. On inquiry, we found that a nursing aid working in our very hospital had provided the patient with his weekly quota of the drug.

Since this case, I have used adrenaline in many resuscitative efforts, but I have never again faced an adrenaline-induced cardiac arrest.

—**Sarosh Ahmed Khan, MD**  
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