

presumably secondary to hypermagnesemia. After 3 hours of hemodialysis, the Mg level decreased to 7.6 mg/dL. The patient continued to have bradycardia and hypotension despite increasing catecholamine support and pacing. The patient expired within 24 hours of admission. Conclusion: In this patient with normal renal function, excessive MgO supplementation may have contributed to irreversible heart block and death. Physicians should be aware of the popularity of alternative medicines and should counsel patients on the efficacy and potential hazards of these treatments.

85 RECIPE FOR NUTMEG (*MYRISTICA FRAGRANS*) ABUSE.

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Background: Displeasurable and frightening side effects are often associated with the abuse of nutmeg and thus occasionally generate emergency departments referrals. We report a young patient's first time experiences with nutmeg and review its characteristics and mechanisms. Case Report: A 13-year-old female ingested 15–24 g of nutmeg, over a 3-hour period and smoked and shared 2 capsules and 2 joints of marijuana. 1–2 hours later, bizarre behavior and visual, auditory and tactile hallucinations developed. She slept 2–4 hours and awoke with tactile hallucinations, nausea, gagging, hot/cold sensations, and blurred vision. In the ED, 9–10 hours post-exposure, she complained of numbness, double and "triple" vision, headache, and drowsiness. Her blood pressure was 110/60, pulse 88, resp. 18, and temperature 98.4° F. Nystagmus, muscle weakness, and ataxia were present. She received 50 g of activated charcoal. The rest of the physical exam and adjunctive tests were normal. Except for complaints of dizziness and visual changes, her 2-day admission was uneventful. Discussion: To facilitate ingestion, the nutmeg was put into 00–000 gelatin capsules (0.79–1.26 g/capsule) and 19 were taken by the patient "to feel good for a long time." The method was obtained from a book and may be easily found on the *Internet*, along with users' personal experiences with nutmeg, and other suggestions for obtaining a "legal high." Although the CNS activity of nutmeg is often postulated to result from biotransformation of its chemical components to "amphetamine-like" compounds, this has not been proven and is unlikely to occur *in vivo*. Consideration must be given to the structural similarities of these compounds to substances with CNS neuromodulatory activity. Conclusion: The long known psychedelic properties of nutmeg perpetuated in publications and highlighted in resources like the *Internet*, will continue to be rediscovered, especially by first-time pleasure seekers.

86 FALSELY ELEVATED DIGOXIN LEVEL OF 45.9 NG/ML DUE TO INTERFERENCE FROM HUMAN ANTI-MOUSE ANTIBODY.

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Case Report: A 77-year-old man with a history of chronic renal failure, hypertension, NIDDM, dilated cardiomyopathy, cutaneous T cell lymphoma, and B cell lymphoma presented to the emergency department with a history of 2 weeks of progressive weakness. His medications included aspirin, glyburide, potassium chloride, enalapril, ethacrynic acid, interferon, and digoxin 0.125 mg per day. He had a heart rate of 40–62 bpm, with a blood pressure of 137/50. His physical exam was unremarkable. EKG showed a sinus rhythm of 62 bpm with 1st degree AV block and occasional PVC's. Serum creatinine was 2.4 mg/dL, (212 μ M/L) which did not significantly differ from previous values. The digoxin level, run on Synchron CX System™ using the DIG™ reagent kit (Beckman) was 45.9 ng/mL. A repeat blood sample had a level of 44.8 ng/mL. This sample was sent to a different laboratory, where the level was determined to be 41.2 ng/mL. The patient was admitted to the hospital. No Digibind® was given. He remained stable and was discharged the next day, off digoxin. His laboratory samples were sent to a reference lab, where it was determined that the elevated results were the result of a human anti-mouse antibody in his serum that interfered with a reagent. When his samples were retested using the DIGN™ (Beckman) and Dig II™ (Microgenics) assays, results were 1.3 ng/mL and 1.39 ng/mL, respectively. Conclusion: We present a case of a patient with an extremely high digoxin level that resulted from the presence of an anti-mouse antibody in his serum. This antibody does not cause interference in assays with newer reagents. Physicians should be aware of this potential interference with assays employing mouse monoclonal antibody reagents.

87 DEATH CAMUS: MISTAKEN IDENTITY AT AN HERB FARM.

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Background: Death camus (*Zygadenus* species) is a perennial weed often mistaken for edible plants such as wild onion and sego lily. The bulb and flower contain veratrum alkaloids which may cause gastrointestinal and cardiovascular effects. Human fatalities are rare. We report a case of 7 people ingesting death camas bulbs and developing various