Discussion

Sacrococcygeal region, mediastinum, retroperitoneum and other pelvic organs are the common sites for a primary extragonadal GCT in paediatric age group [1]. GCTs have many histological types according to cellular differentiation and grade. Myocardium is an extremely rare site of origin for an extra gonadal GCT and only 3 cases have been reported. All previously documented tumours are also yolk sac or predominantly yolk sac in origin [3,4,5]. Our patient differs from the previously reported cases in that the tumour was arising from the endocardium and focally infiltrating the myocardium rather than originating in the myocardium itself.

Even though these tumours are highly treatable, management of intracardiac tumours are often complicated by the cardiac problems such as cardiac failure, tamponade or arrhythmias. The echocardiographic appearance of an intracardiac tumour within a period of 3 months in itself hints at its malignant potential. Therefore, an open surgery was performed to excise the tumour and to close the ASD. Because of the deep infiltration of the tumour into the inter-atrial and ventricular septa, an extensive surgery was performed to maximally debulk the tumour knowing it could damage the conductive pathway.

The tumour marker, AFP was extremely helpful in assessing the tumour response to chemotherapy. Complete response to chemotherapy was indicated by persistent normal level of AFP after the chemotherapy. She will be followed up for her life time to monitor the side effects of the drugs and tumour recurrence. The management of these highly treatable cardiac tumours demands a strong multidisciplinary approach to deal with unanticipated complications of the tumour and the treatment.

References


Poisoning of ‘binthamburu’ (Ipomoea asarifolia) due to misidentification as ‘kankun’ (Ipomoea aquatica)

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(Index words: Ipomoea asarifolia, food poisoning)

Abstract

Ingestion of ‘Binthamburu’ (Ipomoea asarifolia) by misidentification as ‘kankun’ (Ipomoea aquatica) as a leafy vegetable causes acute gastrointestinal symptoms and confusion. The authors have encountered four such cases in the past. All cases have been recorded from the dry zone of the country. Both plants are two trailing vines similar in their appearance and preferring the wet habitats. During the course of the day when exposed to sunlight, ‘binthamburu’ leaves mimic ‘kankun’ leaves by folding the leaf margins making it difficult to separate the two during harvest and only a closer examination will reveal the difference in their leaf shapes. Ipomoea asarifolia toxicity in human has not been recorded but animal toxicity in North Brazil due to ingestion of Ipomoea asarifolia had been investigated and linked to a toxic substance identified as lectin or LTS.

Introduction

‘Binthamburu’ (Ipomoea asarifolia) and ‘kankun’ (Ipomoea aquatica) belong to the same genus of the family Convolvulaceae. Both plants prefer wet habitats,
particularly tank margins, canals, paddy margins and streambeds (Figures 1 and 2). Even though the two plants possess two different leaf shapes, in many instances Ipomoea asarifolia has been misidentified as Ipomoea aquatica, which is a well known leafy vegetable. Ingestion of 'binthamburu' meal when misidentified as 'kankun' causes acute gastrointestinal symptoms and confusion.

Figure 1. ‘Binthamburu’ (Ipomoea asarifolia) plant.

Figure 2. ‘Kankun’ (Ipomoea aquatica) plant.

The family Convolvulaceae has other species such as Ipomoea batatas ('Batala'), Ipomoea indica (Morning glory), Ipomoea pes-caprae ('Mudu-binthamburu') and Ipomoea obscura ('Tel-kola'). ‘Tel kola’ is also another very popular leafy vegetable in the north central province. In ayurvedic medicine ‘Binthamburu’ is used for treating anaemia, neurasthenia, general debility, chronic rheumatism, tertiary syphilis and many other disorders in Sri Lanka [1].

Case report

Four adults from a family in Ridigama about 16 miles from Kurunegala developed confusion and vomiting one hour after ingesting 'kankun melhun'. Later they themselves identified the plant as 'binthamburu' which was mistaken as 'kankun'. All patients recovered within 24-48 hours. Authors have encountered four such patients in the past.

Discussion

Ipomoea asarifolia toxicity in humans has not been recorded. However, animal toxicity in North Brazil due to ingestion of Ipomoea asarifolia had been investigated and linked to a toxic substance identified as a lectin called LTS [2]. Another study relates the tremorgenic syndrome caused by I. asarifolia due to tremorgenic phytotoxins or mycotoxins [3]. According to a recent study the toxicity of the plant is due to ergoline alkaloids owing to an associated epibiotic fungus [4]. Similarly, in our cases acute food poisoning may be due to toxic lectin or ergoline alkaloids or any other toxin which has not been identified. It has been identified as a plant that will induce central nervous system disease in cattle [5].

Therefore, proper identification of ‘Kankun’ leaves is important to prevent food poisoning due to misidentification with ‘binthamburu’. The two plants grow mixed together in many instances ‘binthamburu’ possess rounded-cordate to sub-reniform leaves with lavender to purple funnel shaped flowers (rarely white) while ‘kankun’ has mostly hasteate leaves with the terminal lobe broadly to narrowly triangular with purple to rarely white funnel shaped flowers [6] (Figure 3). Authors personal experience has shown that exposure to sunlight causes folding of the leaf margins of ‘binthamburu’ mimicking ‘kankun’ leaves and making it difficult to separate the two during harvest.

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An uncommon complication of *Salmonella paratyphi* A infection

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(Index words: Infective endocarditis, enteric fever, *Salmonella paratyphi*)

Introduction

Infective endocarditis (IE) is a rare complication of enteric fever. *Salmonella typhi* is the organism that causes enteric fever in most patients. Although IE due to *Salmonella typhi* has been reported [1,2] only four cases of IE due to *Salmonella paratyphi* have been documented [3-6]. Of these four cases, two were in the paediatric age group and one had a pre existing cardiac lesion. In Sri Lanka IE caused by *Salmonella typhi* has been reported [7] but not by *Salmonella paratyphi*. We report a case of an infective endocarditis due to *Salmonella paratyphi* A with full recovery after appropriate antibiotic treatment.

Case report

The patient was a 25-year old man admitted with intermittent fever of 10 days duration. He had been well until 10 days before when he developed fever. The fever was associated with chills, malaise, headache and body aches. He did not have any other symptoms attributable to specific organ system. On the third day of the fever he consulted a general practitioner and a 3-day course of antibiotics had been given. The fever persisted in spite of this treatment. He had no significant illnesses in the past.

On admission he had high fever of 104°C. He was not pale or icteric. There were no signs of heart failure or evidence of any embolic phenomena. His pulse rate was 100 beats per minute and blood pressure was 100/70 mmHg. Cardiac examination revealed a grade 2 late systolic murmur over the apex and left lower sternal border consistent with a mitral valve prolapse. On abdominal examination he had a 3 cm, non-tender liver and a mild splenomegaly.

Laboratory tests showed an elevated white cell count of 17 000/mL with neutrophils of 73.5%; a haemoglobin level of 11.9 g/dl; an elevated ESR level (55 mm/1 hr) and raised AST and ALT of 86 and 87 IU/L respectively. Renal functions, urine full report, chest radiograph and abdominal ultrasound scan were normal. Transthoracic echocardiography showed definite vegetations on the anterior leaflet of the mitral valve and moderate mitral regurgitation. The ejection fraction was normal (60%). Of the three blood cultures taken on the second day only one yielded a growth of *Salmonella paratyphi* A. This organism found to be sensitive to ampicillin, cefotaxime, cotrimoxazole and chloramphenicol. Based on clinical and laboratory findings (vegetation on the mitral valve, fever, predisposing heart valve condition and microbiological investigation for an incidental murmur one year ago. He had no significant illnesses in the past.

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