

Papilloedema and Coma in a Child: Undescribed Symptoms of the "Irukandji" Syndrome.

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The Irukandji syndrome was first attributed to the severe systemic symptoms^{1 2 3} following a sting by the Irukandji (*Carukia barnesi*) in 1964.⁴ We present a previously unreported case of papilloedema and coma in a child who developed other symptoms of the Irukandji syndrome after a jellyfish sting in tropical waters.

Case History - Cerebral oedema

A 7-year-old male was stung by a jellyfish at a Cairns, north Queensland beach, at 1100 on 20 December 1981 and admitted to hospital with severe systemic symptoms of the Irukandji syndrome, including generalised muscle cramps, anxiety and sweating. At 2100 he was found to be confused, disorientated, and with tachycardia and tachypnoea. He had several episodes of profound sweating, cyanosis and agitation. Chest auscultation revealed bilateral coarse crepitations, more marked on the left and a chest X-ray demonstrated increased interstitial markings consistent with pulmonary oedema. He had 4+ glycosuria and dextrostix of 130mg/100ml (N.R. 80-120mg/100ml) and had periodic verbal and visual hallucinations.

On physical examination he was pale and in obvious respiratory distress needing 6 litres of oxygen/min via facemask to maintain his central colour. Examination of his fundi showed blurring of the disc margins. Initial management consisted of intravenous (IV) dexamethasone and intermittent frusemide (lasix)(exact doses not known). His symptoms persisted for the first 24hrs of admission and on the second evening he became more disorientated and unresponsive to spoken word. He was given 100ml of 20% mannitol intravenously. Two hours later he had a huge diuresis with a wet bed, 3 hours later was answering questions with a grunt, and 4 hours later was obeying commands and was easily roused. Ten hours later he was talking freely and answering questions and subsequently made a complete recovery with no neurological sequelae.

This case of papilloedema and unconsciousness with the Irukandji syndrome has recently come to light and has not been previously described; recently a case of cerebral oedema was reported after a chirodroid sting.⁵ Other cases have probably occurred, but may not have been so obvious. It is suggested that the conscious state is carefully monitored in all serious jellyfish envenomations, and appropriate investigation is made of any deterioration of consciousness.

REFERENCES

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