

symptoms, anemia and basophilic stippling. A detailed exposure history may elicit important information including previous gun shot wounds or Ayurvedic medication use. Earlier recognition of lead toxicity would prompt further management including exposure removal and possibly chelation.

Keywords: Lead, Chelation, Systematic Review
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259. Toxicity from Intraperitoneal Injection of Digoxin

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Background: Digoxin is a purified cardiac glycoside similar to digitoxin extracted from the foxglove plant, *Digitalis lanata*. Digoxin is widely used in the treatment of various heart conditions, namely atrial fibrillation, atrial flutter and sometimes heart failure that cannot be controlled by other medication. Digoxin can also be used off label by intra-amniotic injection to induce fetal demise in late term abortion.

Case Report: A healthy 26 year-old, 21 week pregnant female was injected "in the stomach" with 1 mg of digoxin. Approximately 2 hours later patient presented in the ED with c/o burning pain, abdominal cramps and lightheadedness. Patient was tachycardic with a pulse of 140. EKG showed sinus tach. Initial digoxin level 2 hours post injection was 8.1mg/dL, potassium was 3.4 mEq/l. Digibind was recommended but not administered. Repeat digoxin level at 7 hours post injection was 2.5 mg/dL. Symptoms resolved, and she was discharged after 24 hours without identifiable residual. Fetal outcome is unknown.

Case Discussion: In 2011, most abortions (91.4%) were performed at ≤ 13 weeks' gestation; a smaller number of abortions (7.3%) were performed at 14–20 weeks' gestation, and even fewer (1.4%) were performed at ≥ 21 weeks' gestation. Abortion with the use of digoxin injection was pioneered by late-term abortionist George R. Tiller and is now widely used throughout the United States. It has replaced the live partial birth abortion method since the Partial Birth Abortion Ban act was upheld by the U.S. Supreme Court in April, 2007. Tiller describes this particular abortion method as the MOLD Technique, which is an acronym for the four products employed in the abortion process: misoprostol, oxytocin, laminaria, and digoxin. The average serum digoxin level as a result of this method is 0.73 ± 0.2 mg/dL (range 0.2–1.2 mg/dL). Since our patient's initial digoxin level was 8, it is likely that patient received medication intraperitoneal vs. intrauterine.

Conclusions: This is the first report of significant digoxin toxicity resulting immediately after intraperitoneal injection. The incidence of this type of exposure is unknown at this time.

Keywords: Cardiac glycoside, Digoxin, Abortion
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260. Characterization of Chronic Pain in College Students as Reported to an Online Survey

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Background: Chronic pain is widespread and poorly understood making it a significant public health concern. The 2010 National Health Interview Survey (NHIS) reported that 19% of adults in the United States are affected by chronic pain and is least frequent in those aged 18 to 29 (7.6%). Chronic pain and characteristics among college students with and without chronic pain are reported.

Methods: The Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS[®]) System College Survey Program collects data from 6,000 respondents annually during the spring, summer and fall semesters/quarters. This online survey inquires about prescription drug non-medical use (NMU), associated behaviors and lifetime chronic pain (lasting at least three months that either occurs constantly or flares up frequently). NMU was defined as use without a doctor's prescription or for any reason other than recommended by a doctor during the last three months. Gender, age, Drug Abuse Screening Test (DAST-10) scores and NMU of opioids were analyzed. DAST-10 scores, scored from 0 (no problems) to 10 (severe problems), indicate degree of consequences related to drug abuse. Respondents reporting chronic pain were asked three additional questions about their chronic pain: healthcare provider visit, prescription for an opioid and prescription for a long acting opioid. Frequencies, standard deviation (SD) and inter-quartile range (IQR) from 2014 are reported.

Results: Of 5,306 eligible respondents, 1,671 (31.5%) reported chronic pain. In both groups, more respondents were female; 848 (50.8%) with chronic pain and 1,906 (52.4%) without. Mean (SD) age was higher in those with chronic pain [26.4 (5.8)] compared to those without [24.9 (5.6)]. Median (IQR) DAST-10 scores were similar in those with and without chronic pain, 1 (1, 3) and 1 (1, 2), respectively. NMU of opioids was more common in those reporting chronic pain (42.7%) than in those without (18.7%); hydrocodone and oxycodone were the most commonly reported opioids in both groups. Of respondents reporting chronic pain, 1,225 (73.3%) visited a healthcare provider for chronic pain, and 819 (66.9%) of those received an opioid prescription. Of those that received an opioid prescription, 645 (78.7%) received a long-acting opioid.

Conclusion: Chronic pain appears more common than reported by NHIS for this age group. The majority of respondents visiting a healthcare provider received a prescription for an opioid and a surprisingly high number of these respondents received a long acting opioid. Further research is needed to understand the types of chronic pain and risks and benefits associated with treatment in this population, specifically with long acting opioids.

Keywords: chronic pain, college students, online survey
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261. Esophageal Rupture Following Ghost Pepper Ingestion

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Background: The ghost pepper, or 'bhut jolokia' grown in the northeast region in India, is one of the hottest chili peppers in the world. Ghost peppers have a measured 'heat' of greater than 1,000,000 Scoville Heat Units (SHU), more than twice the strength of a habanero pepper. The capsaicinoids found in ghost peppers