Figure 1. A plain abdominal radiograph for an HIV-infected patient who was disoriented and had tachypnea and tinnitus on presentation. Note that bismuth precipitation (arrow) within the bowel gives the illusion of a barium study. This radiograph also demonstrates that bismuth is a radiopaque material, which was collected in the colonic mucosa.

Diagnosis: Pepto-Bismol Poisoning

This patient presented with a history of consuming 16 oz of Pepto-Bismol (Procter & Gamble, Cincinnati, OH) per day; the patient was receiving 4,160 mg of salicylate and 8,383 mg of bismuth per day. He was self-medicating himself in an effort to relieve unrelenting abdominal pain. The maximum dosage listed for Pepto-Bismol is 8 tablespoons per 24-hour period. This patient was exceeding the daily dosage by at least four times the recommended amount, but it is of more interest that he was accumulating chronic stores of both salicylate and bismuth.

Further laboratory studies revealed a salicylate level of 75.1 mg/dL and a bismuth level in urine (primary form of excretion) of 460 nmol/L (normal range, 0–20 nmol/L). No bismuth was detected in serum. Bismuth, a heavy metal, is thought to be sequestered in multiple tissue sites throughout the body [1].

The patient underwent a forced alkalinized diuresis and hemodialysis and was subsequently discharged to his home. A follow-up radiograph was not obtained.

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Reference