with infundibular and valvular stenosis of the pulmonary artery with ultrasound pressure gradient over pulmonary stenosis of about 50 mmHg. The infant, then at the age of 4 months, underwent invasive cardiac procedure during the next hospitalization, showing pulmonary branches: the initial part of the right branch was 5 mm, followed by a fully hypoplastic right branch (3 mm) with middle segment stenosis up to 2 mm; the left branch is even more hypoplastic, entirely 2.2 mm with 2 mm segments. According to the finding, surgery was performed to establish an aortic-pulmonary anastomosis in the form of an mBT (modified Blalock Taussig) compound. In addition to cardiac processing, elevated levels of liver transaminases, primarily GGT enzymes, were observed in the findings. Due to the justified suspicion of Alagille's syndrome (tetralogy of Fallot with elevated liver transaminases), an X-ray of the spine was performed, where the fusion of the bodies of the Th6 and Th8 vertebrae was found, the so-called 'butterfly' vertebrae. Among other things, an ophthalmological examination was performed where the posterior embryotoxon of both eyes was observed. Complete processing met the higher diagnostic criteria for Alagille's syndrome, and therefore genetic analysis was requested, which confirmed the heterozygous variant in the JAG1 gene and diagnosed Alagille's syndrome. During the last hospitalization, cardiac catheterization was performed, which still showed hypoplastic pulmonary branches with a narrow mBT joint.

Discussion/Conclusion Although pulmonary stenosis is the most common heart defect within Alagille syndrome, tetralogy of Fallot with hypoplasia of the pulmonary branches may also be one of the clinical manifestations. Since the pulmonary branches are still hypoplastic in our patient after aorthopulmonary anastomosis, in the idea of better pulmonary blood supply, dilatation of the pulmonary valve with a balloon was performed for better antegrade flow until a decision on further treatment modality.

Paediatric Clinical Pharmacology and Toxicology

193 POPPY SEED DEFENCE

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Acute loss of consciousness in an adolescent prompts detailed evaluation, including toxicology analysis. In case of a positive opiate test, it is of outmost importance to confirm or exclude drug abuse, which can have important legislative consequences.

We present a 17-years-old boy who was admitted due to acute loss of consciousness. After getting up, he felt dizzy and then fainted, followed by myoclonic jerks. He recovered spontaneously. His previous history, physical and neurological examination were unremarkable. Initial laboratory evaluation, ECG and EEG were normal but urine toxicology screening tested positive for opiates (4565 nmol/l = 1305 ng/ml = 1.3 ug/ml). He denied previous use of any medications or illicit drugs. However, he reported eating large quantities of poppy seed cake in the morning and during the previous day. The following day the opiate screen was negative. According to

the data in the literature, oral intake of cakes containing commercially available poppy seeds can produce urine morphine concentrations ranging from

1 to 10 ug/ml and morphine can be detected in the urine for up to 48 hours following ingestion. Opiate concentrations produced by poppy seeds ingestion depend on the origin of poppy seeds, lot, and baking technique. To confirm the possibility of false positive test, a volunteer at the Department eat the same poppy seed cake followed by urine toxicology analysis which tested opiate positive. The patient was discharged from the hospital with diagnosis of vasovagal syncope.

A detailed patient-oriented history is essential in order to establish the correct diagnosis. The possibility of false-positive opiate drug tests after poppy food ingestion should always be considered. There are no data regarding 'safe' quantity of food containing poppy seeds that would not interfere with drug test. It is important to know the limitations of toxicology analysis in order to avoid unnecessary stigmatization of a patient and serious legal drawback.

194 LATE-PRESENTING ACETAMINOPHEN SELF-POISONING

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We report a case of a 15-year-old adolescent girl who presented to the Intensive Care Unit (ICU) of Children's Hospital Zagreb 38 hours after having intentionally ingested 10 tablets of 1000mg acetaminophen and 7 tablets of 500mg acetaminophen (13.5 grams). Initially, she presented to the Emergency Department of General Hospital Virovitica, 36 hours after ingestion, main complaint was nausea, vomiting and abdominal pain. She was conscious with mild scleral icterus, eutermic, BP 97/63 mmHg, HR 73/min. Initial serum chemistry measured PT 0.27, AST 2138 U/L, ALT 2069 U/L, creatinine 75 umol/L. Vitamin K was administered and she was transferred to the ICU. Due to ingestion of toxic acetaminophen dose, N-acetylcysteine (NAC) was initiated, starting with loading dose of 6.6 grams over 1 hour, then 2.2 grams over 4 hours, continued with maintenance dose of 4.4 grams over 16 hours, following the 21-hour NAC protocol. Blood tests were performed daily, including complete blood count, renal and liver functions, ammonia, prothrombin time and blood gas analysis. Results revealed elevated levels of transaminase, peak values AST 11567 U/L, ALT 10681 U/L, LDH 9651 U/L, high ammonia values, peak value 158 umol/L, and coagulopathy, peak INR value 4.04. Abdominal ultrasound reported diffusely enlarged hypoechoic liver, measuring 14cm in the midclavicular line, with hypoechoic area, 3cm in size, which may correspond with necrosis zone.

Parenteral rehydration, hepatic diet and psychological support were implemented during the hospitalization. Serum acetaminophen levels were measured daily. 36 hours after ingestion, level was 557 umol/L.

Concentrations were detectable until the seventh day after ingestion, so NAC was discontinued after 6 days of treatment, when concentrations were undetectable and liver enzymes decreased. Psychiatric evaluation was conducted, she was characterised as a perfectionist, very ambitious, not previously known to have any psychiatric or organic health issues. The