Ocular Toxicity Caused by Euphorbia Sap: A Case Report

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ABSTRACT
This is the first clinical case report of patient with ocular inflammation caused by plant sap from Euphorbia species in Iran. We examined a patient with history of recent ocular exposure to the sap of Euphorbia species. Initial symptoms were generally burning or stinging pain, blurred vision, ocular itching, agitation, and lacrimation. All symptoms were stable during course of disease except lacrimation that not continued following first day of exposure. Clinical findings confirmed mild keratoconjunctivitis. All signs and symptoms had resolved by 8 days. The patient was treated with antibiotic drop (chloramphenicol). Cycloplegic drop, steroid injection and potato poultice were also used. In conclusion, people who work with Euphorbia plant species must wear goggle and glove. Clinicians managing ocular problems caused by Euphorbia should be aware of sight-threatening infection. Our suggestion for managing of Euphorbia sap keratoconjunctivitis is applying freeze potato poultice as supportive therapy.

Keywords: Euphorbia, Keratoconjunctivitis, Potato poultice, Iran

Euphorbia is a genus of plants belonging to the family Euphorbiaceae. This diverse genus has worldwide distribution. The plants are annual or perennial herbs, woody shrubs or tree with a caustic, poisonous milky sap. Herbaceous species of this plant are known in Iranian and Arabic traditional folk medicines with different names, depending on its various toxic or beneficial effects, such as fiery flower, emetic pill, pill of males and snake milk. Wild herbaceous species of this plant are known as weed plants for wheat and bran plantations while others that grown on the deserts are good resources for nomadic apiculture systems especially in the central Iran. Honeybees attracted to this plant because of its latex. The main phytochemical substances in the latex of Euphorbia are of di-or tri-terpen esters (e.g., resiniferatoxin), 1-inositol, pyrrogalic and catechuic tannins and the alkaloid xanthoramnine. Gupta and Gargi [1] found taxerol, frieldelin, sitosterol, myrieyl alcohol, ericigic acid and hentriacontane in extracts of the stem whilst Blanc et al. [2] reported ellagic, gallic, chlorogenic and caffeic acids, kaempferol, quercitot, quercitin (as a genin of a heteroside), and a number of amino acids. Falodun et al. [3] also have reported saponins, alkaloids, tannins, flavonoids and terpenes in the ethanolic and aqueous extracts of leaves and flowers of E. heterophylla L.
also known to have a remedy for inflammation of the respiratory tract in asthma as it has a special reputation for causing bronchial relaxation [10]. The plant shows antibiotic activity as well [11]. The alcoholic extract of the whole plant had an anti-cancer action against Friend leukaemia virus in mice [12]. It further showed hypoglycaemia action in albino rats and an antiprotozoal effect [13]. The plant has also been shown to have anthelmintic activity [5, 11, 14]. The use of latex on warts, whitlows and the like is worldwide [15]. Recently antibacterial and anti-inflammatory activities of *E. heterophylla* and *E. hirta* were reported [16-19]. The website: http://www.euphorbia-international.org/ of International Euphorbia Society covers much more information about the *Euphorbiae*.

We present here a case of ocular toxicity caused by *Euphorbia* that grown as weeds in wheat plantation in Urmia, Iran. Applying of potato poultice as supportive therapy of *Euphorbia* keratoconjunctivitis is the striking feature of the present report.

**REPORT OF CASE**

A 24-year-old man was collecting the sap of herbaceous variety of plant *Euphorbia* in urban area of Urmia, Western Azerbaijan, Iran (Fig 1). He had decided to evaluate antibacterial effects of several extracts of collected saps for his B.Sc. project. He felt a stinging sensation as sap hit his eyes. He did not irrigate the eyes until 2 hours later, by which time he was suffering increasing pain. The eyes were immediately washed with clean water many times. The patient was so agitated and his main complaint was burning ocular pain.

He was assessed by a general physician later the same midnight. The eyes were still painful and there were marked lacrimation and conjunctival hyperemia. The patient was treated with acute dexamethazone injection, topical 2% homatropine drop and chloramphenicol eye drop 4 times daily but the outcome was scarce. The next two days, the eyes were more painful and a thick mucopurulent layer covered the eyes. The patient complained of blurred vision and asked his family to check his eyes for sands as he was severely photophobic (Fig 2). He was referred to an ophthalmologist. The eyes were still painful but there was no lacrimation. There was no edema of the corneal stroma. The anterior chamber was quiet, and intraocular pressure was normal. His problem was diagnosed as keratoconjunctivitis by the ophthalmologist. He was still treated with chloramphenicol drop 4 times daily but the patient didn’t show any sign of improvement. Finally according to the old medical folklore quote that stated: “the potato poultice is the best remedy for the burning wound and burning pain”, he applied freeze halves of potato on his eyes (Fig 3). It was like pouring water on the fire. All symptoms had resolved by 8 days after supportive therapies.

**CONCLUSION AND COMMENT**

*Euphorbia* keratopathy was reported by several case reports and clinical case series previously all around the word [20-22], but this work is the first report of inadvertently keratoconjunctivitis following unarmed contact with the sap of *Euphorbia* species that grown in Iran. The usual therapy consists of rinsing, antibiotics, steroids and mydriatics when the anterior chamber is inflamed. It may also be necessary to protect the
damaged eye from light, because photo-allergic reactions are possible. Although *Euphorbia* keratopathy seems to be self-limiting when managed supportively, it is important to remember that blindness can occur, particularly in neglected cases [22]. Management is aimed at minimizing inflammation until the disease naturally subsides. Pharmacologic therapy is the mainstay of treatment. Environmental strategies of therapy include: avoidance of allergens and triggering factors, cold compresses and moving to a cooler climate. The striking feature of this study is supportive therapy with potato. Potato is an astringent and will help to reduce the inflammation.

REFERENCES


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