CASWELL FILE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

114AA

OCT 13 1989

OFFICE OF
PESTICIDES AND TOXIC SUBSTANCES

MEMORANDUM

SUBJECT: Brodifacoum, Report of Apparent Human Self Poisoning

TO: William Miller PM-16/5
Registration Division (H7505C)

FROM: Robert P. ~~Zendzian~~ Ph.D. 9/5/89
Senior Pharmacologist
SACB, HED (H7509C)

THROUGH: Albin Kocialski Ph.D.
Head
Registration Standards and Special Review Section

Reto Engler Ph.D.
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Science Analysis and Coordination Branch

Compound; Brodificoum — Tox Chem #114AA

Registration #16-782 — Registrant; ICI

Accession #409729-01 — Tox Project #9-1819

PRIVACY ACT EXEMPTION

Action Requested

Comment on the following document;

Ltr re, Brodifacoum - Possible Poisoning Incident ICIA Letter dated October 12, 1988, from D.L. Ierley Pesticide Regulatory Specialist to W. H. Miller, Jan 23, 1989 w/attachment medical records re [redacted] MRID 409729-01

Comments

Subject document consists of a cover letter transmitting a set of medical records for [redacted] covering the period of her admission to [redacted] on 3/23/88 to her death on 4/27/88 at the hospital.

The patient presented with a history of extended menstrual bleeding apparently secondary to a coagulopathy. She was

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admitted due to failure to control the bleeding with intravenous fresh frozen whole plasma and "birth control pills". This pathology was stated as "presumed secondary to super Warfarin ingestion". The patient continued to show coagulation abnormalities, as shown by increased PT and APTT, dispite continuation of whole plasma treatment. Patient was allergic to vitamin K preparations. The patient developed septocemia, apparently due to contamination of an indwelling cathater, and died of septic shock on 4/27/88.

The report provides no direct evidence as to 'ingestion' of brodificroum beyond the persistant coagulopathy. Brodificoum is know to have a half life of 6 months in the rat and has a history of persistant coagulopathy (bleeding) for months following a single ingestion dispite continued treatment with vitamin K and intravenous coagulation factors.

The report speaks of attempts to analyze for brodificoum but there is no evidence that such analysis was ever performed.

It is apparent from the report that the attending physisions were not aware of the extremely high toxicity and persistance of brodificoum. No attempt appears to have been made to 'get around' the allergy to vitamin K preparations and institute aggressive treatment with K. The case appears to have been further complicated by "Psychiatric disorder".

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