

Curriculum Vitae

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PLACE OF BIRTH: *Isfahan - Iran*
MARITAL STATUS: *Married*
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EDUCATION

2017-2019: Training in Medical Toxicology at the Isfahan University of Medical Sciences as a fellowship.

2008-2011: Training in Emergency Medicine at the Tehran University of Medical Sciences as a Resident

1995-2003: MD from Azad University of Medical Sciences. Najafabad -Iran.

1995: Diploma from high school.

PROFESSIONAL AFFILIATIONS

مرکز تحقیقات سم شناسی بالینی، دانشگاه علوم پزشکی اصفهان، اصفهان، ایران
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Department of Clinical Toxicology, School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran.

COMMITTEES

2015-2016: Member of Triage Committee, Shariati Hospital, Azad University of Medical Sciences, Najafabad, Iran.

MEMBERSHIP

2011-present: Member of Iranian Emergency Medicine Association.

TEACHING EXPERIENCE

2011-2013 Clinical teaching of medical students in Emergency Dep., Besat Hospital, Hamadan University of Medical Sciences, Iran.

2013-2017 Clinical teaching of medical students in Emergency Dep., Shariati Hospital, Azad University of Medical Sciences, Najafabad, Iran.

2017-present Clinical teaching of internal medicine Resident in Poisoning Emergency Dep., Isfahan University of Medical Sciences, Iran.

2017-present Clinical teaching of Emergency Medicine Resident in Poisoning Emergency Dep., Isfahan University of Medical Sciences, Iran.

2017-present Clinical teaching of medical students in Poisoning Emergency Dep., Isfahan University of Medical Sciences, Iran

2019-present Assistant professor of Isfahan University of Medical Sciences, Iran

PUBLICATIONS

Book:

Nothing

Journal articles:

1) Unstable angina: A rare presentation of minoxidil intoxication: A case report and literature review

F Gheshlaghi, S Zoofaghari, G Dorooshi

Journal of research in pharmacy practice 7 (4), 210, 2018

2) A newly proposed management protocol for acute aluminum phosphide poisoning

G Dorooshi, S Zoofaghari, NE Mood, F Gheshlaghi

Journal of research in pharmacy practice 7 (3), 168-168, 2018

3) A new treatment approach for acute paraquat poisoning

G Dorooshi, S Zoofaghari, N Eizadi-Mood, F Gheshlaghi

Journal of research in pharmacy practice 7 (2), 115-115, 2018

4) A pilot study on the repair of contaminated traumatic wounds in the emergency department using sterile versus non-sterile gloves.

Ghafouri, HB¹; Zoofaghari, SJ²; Kasnavieh, MH³; Ramim, T⁴; Modirian, E⁵

Hong Kong Journal of Emergency Medicine

Volume 21 Issue 3 (May 2014)

5) Comparison of Singh index accuracy and dual energy X-ray absorptiometry bone mineral density measurement for evaluating osteoporosis

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Iran. J. Radiat. Res., Vol. 8, No. 2, September 2010

**Sudden death following suicide with Colchicine and Chloroquine: A Case Report and Literature Review**

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Code: 3453

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Case Report:

Colchicine is an ancient remedy and alkaloid. **Poisoning manifestations include** Nausea, vomiting, abdominal pain, diarrhea, multiorgan involvement, pancytopenia, respiratory failure, kidney failure, neuropathy, myopathy, and elevated liver enzymes. Colchicine poisoning is extremely lethal. **The Lethal dose of colchicine is 0.8 mg / kg.**

Chloroquine is an old drug with immunomodulatory effects, which also acts against inflammation, oxidation and fibrosis. **Chloroquine large overdoses are highly fatal. Poisoning manifestations include** nausea, drowsiness, tremor, dizziness, headache, convulsions, dystonia, abdominal pain, hypokalemia, Hypoglycemia, hypotension, arrhythmia, respiratory depression, lowered serum glucose, thrombocytopenia, agranulocytosis, DIC and coma.

The patient was a 41-year-old woman. She was alert and complained of headache, nausea and vomiting. **About 11 hours before admission, she took 20 tablets of colchicine 1 mg, 20 tablets of chloroquine 250 mg and 40 tablets of Telfast 120 mg for suicide.**

24 hours later, the pain was suddenly exacerbated in the epigastric area and radiated to the hypogastric. She complained of headaches, nausea and vomiting, burning sensations in the limbs, and diarrhea. 36 hours after admission, the patient initially complained of visual loss and 48 hours later, her blood pressure dropped sharply followed by a decrease in BS and Spo2 (SPO2: 68-70) . ECG abnormalities included RBBB and LPHB, and then developed to cardiac arrest. **The Patient died two hours later despite CPR.**

**Discussion :**

Toxicity with any of the colchicine and chloroquine drugs rarely occurs. Our case was suicide with both drugs for which we did not find a similar case in comprehensive search.

Unlike what is known from previous reports, this patient showed certain signs and symptoms, which was probably related to drugs interaction. The role of underlying diseases in patient's mortality is unclear. Critical underlying disease can increase the risk of death in these types of poisoning.

There are no known antidotes for chloroquine or colchicines poisoning. Patients with chloroquine or colchicines overdose should be managed with **supportive cares and expectant observation**, including oxygen, IV fluid replacement, vasopressor use, hemodynamic, cardiovascular and CNS monitoring. Early GI decontamination methods are recommended for life-threatening ingestions of chloroquine and colchicine.

Multiple-dose activated charcoal is recommended in colchicine overdose because of the enterohepatic recirculation. Colchicine-specific antibodies, administration of blood products and GCSF is recommended to treat overdose. In severe refractory colchicine or chloroquine poisoning, **extracorporeal membrane oxygenation therapy** is recommended. Early aggressive management of severe chloroquine toxicity decreases the mortality rate.

References:

1. Hoffman CC, Howland MA, Lewis MA, Smith TK, Goldsmith LD, Hoffmann ES. Goldsmith's Toxicological Emergencies. 12th ed. New York: McGraw-Hill Companies; 2016. P: 1258-9.
2. Tintinelli JE. Tintinelli's Emergency Medicine. 9th ed. New York: McGraw-Hill Education; 2016. p. 1222-4.
3. Casati F, Fuku C, Mikiroto Erinoe A, et. Frotit E. Early intravenous resuscitation for cardiovascular failure in a patient with massive chloroquine poisoning. Am J Emerg Med. 2017 Feb;15(2):390-45:390-4.
4. Kishore D, Bhatia SK, Jacobson JL, Bhat HS, Khetan HL. acute pediatric colchicine toxicity is associated with marked leukocytosis. J Emerg Med. 2019;55(2):e1-e5.
5. Hekaf JM, El-Bayoumy FO, Thompson PL. Colchicine for secondary prevention of cardiovascular disease. Can J Therapeut Exp. 2014;16(2):1.
6. Schalkwijk S, Camm H, Huisman-Hilshuisen H, Baars E, Huisman-Hilshuisen H. Toxic colchicine overdose: report of three cases. Toxicolther. 2019 Mar 27;15(6):107-11.
7. Venkatesh MS, Singh SP. Intravenously reversible rapid onset chloroquine poisoning: colchicine toxicity. Am J Med. 2019 Feb;132(2):e1-e5.
8. Ho M, Zhou X, Li Z, Zhou H, Lu A. Clinical outcomes after colchicine overdose: A case report. Medicine (Baltimore). 2019; 98(9):e16236.



An Investigation of Suicide Rate and Severity of Poisoning Using SAD PERSONS Scale and Its Relationship with Month of birth

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Abstract

Background: One of the most common causes of death is poisoning worldwide. Investigating the causes of mortality due to poisoning plays an important role in making decisions and improving standards for preventing adverse events. Therefore, in order to better understanding this problem and evaluate the causes, this study aimed to determine the risk of suicide using the SAD PERSONS criteria and its relationship with the month of birth in poisoned patients.

Materials and Methods: This cross-sectional descriptive-analytic study was conducted on poisoned patients admitted to Khorshid hospital in Isfahan in 2018. At first, the patients' age, sex and month of birth were recorded and then their suicide risk was assessed by SAD PERSONS scale (SPS).

Results: From 2,735 referred patients with poisoning, 1839(67.2%) were attempted suicide and 896 cases (32.8%) were poisoned. The mean SPS score in patients with suicidal attempts was 4.89 ± 1.94 and in the poisoned patients was 2.74 ± 1.46 (P -value <0.001). There was no significant relationship between suicide and Month of birth but sex(male), aging, depression, previous attempts, ethanol abuse, rational thinking loss, social support lacking, and no spouse had significantly increase the risk of suicide (P -value <0.01). In addition, the SPS score of greater than or equal to 5 with a sensitivity of 43.77% and specificity of 98.44% had an acceptable diagnostic value in identifying the risk of suicide(P -value <0.0001).

Conclusion: The relationship between the score obtained from the SPS and the month of birth of the patients who committed suicide was very weak and irrelevant. In fact, it cannot be said that the month of birth of individuals is effective in raising the SPS score.

Introduction

Few studies have examined the effects of month and season of birth on suicidal attempts and have shown that suicide was highest in July or in summer.

Materials and Methods

This research is a cross-sectional study. The study population consisted of all patients admitted to the poisoning department in Khorshid Hospital in Isfahan in 2018. They were excluded from the study if they had another chronic illness, along with poisoning or lack of cooperation and patient consent.

SAD PERSONS Scale (SPS) consists of 10 yes/no questions; each positive answer is assigned a score. S: male gender, A: age (<19 or >45 years), D: depression, P: Previous attempt for suicide, E: excessive consumption of alcohol or substance, R: rational thinking loss, S: lack of social support, O: existence of organized program for suicide, N: no spouse S: Sources of underlying illness. The total score obtained on this scale evaluates the risk of suicide. **Where the score is 0-4: low risk of suicide, score 5-6: moderate risk of suicide, and score 7-10: high risk of suicide.**

Results

In this study, a total of 2735 patients admitted to poisoning department in Khorshid Hospital of Isfahan in 2018 with the mean age of 29.83 ± 11.85 years old, of which 1839 ones (67.2%) committed suicide and 896 individuals (32.8%) were poisoned. (Table 1).

On the other hand, the highest percentage of suicide rates in the patients whose month of birth was March was 38.4%, and the lowest incidence was in the month of February with 4% (Figure 1).

The mean SPS score in patients who committed suicide was 4.89 ± 1.94 and in patients with poisoning, it was 2.74 ± 1.46 (P value <0.001). the most effective of these factors was the risk of committing suicide with depression and previous suicide attempts of 62.364% and 25.550%, respectively (P value <0.001).

The relationship between the score obtained from the SPS and the month of birth of the patients who committed suicide was very weak and irrelevant. In fact, it cannot be said that the month of birth of individuals is effective in raising the SPS score (Kendall's correlation = 0.011; P value = 0.458) (Figure 2).

Discussion&Conclusion

Our study evaluated another aspect of the risk of suicide, and according to recent theories about the probable relationship between month of birth and suicide, this study also evaluated this relationship and showed that there was a very weak relationship between the month of birth and the attempt to suicide. Furthermore, March produced the highest frequency of suicide rates whereas there were the fewest suicide attempts in February.

It seems that paying attention to month of birth as a factor contributing to some of the factors affecting the increase in the SPS score and consequently the increased risk of suicide is not useless and in addition to extending the knowledge boundaries, it should give special cares to the people born in some months and pay attention to their mental health.

Table 1: Summary of sample

Characteristics	Total (n=2735)	Suicide (n=1839)	Poisoning (n=896)
Age; year	29.83±11.85	30.37±12.09	28.74±11.29
Less than 10 yrs.	14(0.5%)	0(0.0%)	14(1.6%)
10-15 yrs.	112(4.1%)	79(4.3%)	33(3.7%)
15-20 yrs.	514(18.8%)	360(19.6%)	154(17.2%)
20-25 yrs.	503(18.4%)	277(15.1%)	226(25.2%)
25-30 yrs.	491(18.0%)	347(18.9%)	144(16.1%)
30-35 yrs.	385(14.1%)	268(14.6%)	117(13.1%)
35-40 yrs.	283(10.3%)	213(11.6%)	70(7.8%)
>40 yrs.	433(15.8%)	295(16.0%)	138(15.4%)
Sex			
Female	1714(62.7%)	1076(58.5%)	638(71.2%)
Male	1021(37.3%)	763(41.5%)	258(28.8%)
Method Poisoning/ Suicide			
Drugs	2361(86.3%)	1589(86.4%)	772(86.2%)
Narcotic	149(5.4%)	88(4.8%)	10(1.1%)
Detergents	31(1.1%)	21(1.1%)	6(0.8%)
Poisons	186(6.8%)	136(7.4%)	50(5.6%)
Unknown	8(0.3)	5(0.3%)	3(0.3%)

Table 2: Evaluation of effective factors on suicide risk factor based on SPS

Factors	OR	95% CI	P value
Sex	1.512	1.126-2.029	0.006
Age	22.695	13.876-37.119	<0.001
Depression	62.364	57.124-111.735	<0.001
Previous attempts	25.550	11.513-56.703	<0.001
Ethanol abuse	2.256	1.734-4.488	<0.001
Rational thinking loss	0.520	0.379-0.714	<0.001
Social support lacking	2.396	1.723-3.333	<0.001
Organized plan*	1.142	0.835-1.562	0.406
No spouse	1.530	1.067-2.194	0.021
Sickness*	1.105	0.786-1.552	0.566

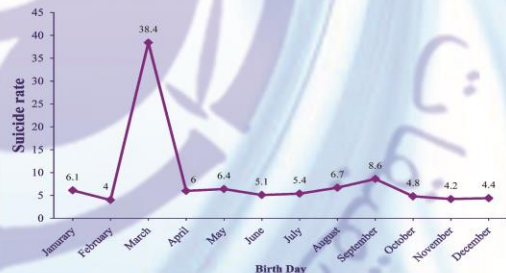


Figure 1: Frequency of suicide rate by month of birth

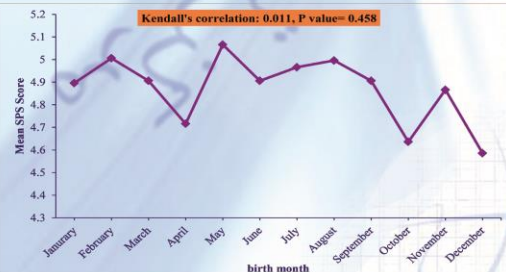
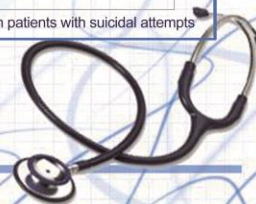


Figure 2: The average SPS based on the month of birth in patients with suicidal attempts



14th

Iranian Annual Congress of Emergency Medicine

چهاردهمین کنگره سالانه طب اورژانس ایران



24-26 December, 2019 / Tehran, Iran

۳-۵ دی ۱۳۹۸ / تهران، مرکز همایش های رزی

تاریخ: ۱۳۹۸/۱۰/۰۵

شماره: ۹۸/ب/۹۵

گواهی می شود:

آقای / خانم شافع جعفر ذوقفاری

در "چهاردهمین کنگره سالانه طب اورژانس ایران" که در تاریخ ۱۳۹۸/۱۰/۰۳ لغایت ۱۳۹۸/۱۰/۰۵ در تهران، مرکز همایش های بین المللی رزی

توسط انجمن علمی طب اورژانس ایران برگزار گردید، به عنوان **ارائه کننده پوستر** حضور داشته‌اند.

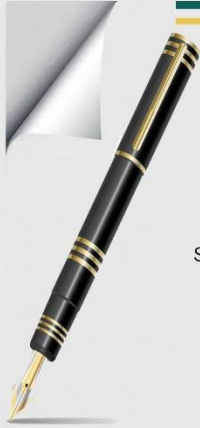
این گواهی منحصرأ جهت تأیید شرکت در برنامه های آموزش مداوم بوده و جایگزین مدارک آموزشی و تخصصی نمی باشد.

عنوان پوستر:

AN INVESTIGATION OF SUICIDE RATE AND SEVERITY OF POISONING USING SAD PERSONS SCALE AND ITS
RELATIONSHIP WITH MONTH OF BIRTH

دکتر حجت شیخ مطهر واحدی
دبیر علمی کنگره

دکتر نادر توکلی
رئیس کنگره



This is to Certify that
Article entitle:


Sudden death following suicide with Colchicine and Chloroquine: A Case Report and Literature Review

By Authors:

Gholamali Dorooshi, Shafeajafar Zoofaghari, Shiva Samsamshariat

Presented as Poster

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Scientific Secretary
Dr. Jalal Pourahmad




Executive Secretary
Dr. Hossein Vatanpour



14th Iranian Annual Congress of Emergency Medicine چهاردهمین کنگره سالانه طب اورژانس ایران

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شماره: ۹۸/ب/۹۵

گواهی می شود:

آقای / خانم شافع جعفر ذوقفاری

در " چهاردهمین کنگره سالانه طب اورژانس ایران " که در تاریخ ۱۳۹۸/۱۰/۰۳ لغایت ۱۳۹۸/۱۰/۰۵ در تهران، مرکز همایش های بین المللی رازی

توسط انجمن علمی طب اورژانس ایران برگزار گردید، به عنوان سخنران حضور داشته اند.

این گواهی منحصرأ جهت تایید شرکت در برنامه های آموزش مداوم بوده و جایگزین مدارک آموزشی و تخصصی نمی باشد.

عنوان سخنرانی:

**IS DIGOXIN ANTIBODY FAB FRAGMENT JUST THE WAY? CLINICAL OUTCOMES IN ACUTE AND CHRONIC
DIGOXIN POISONING JUST TREATED BY SUPPORTIVE CARES.**

دکتر حجت شیخ مطهر واحدی
دبیر علمی کنگره

دکتر نادر توکلی
رئیس کنگره

9) Investigating Suicide Rate and Poisoning Severity and Their Relationship with Birth Month

Gholamali Dorooshi, Shiva Samsam Shariat, Mitra Shirvani, Shafeajafar Zoofaghari
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ABSTRACTS

Nothing

RESEARCH EXPERIENCE

Supervisor of 5 M.D & Residency Theses

RESEARCH INTERESTS

Acute Poisoning & Emergency Medicine