Anaesthesiology Intensive Therapy
2018, vol. 50, no 3, 243
ISSN 1642–5758
10.5603/AIT.a2018.0014
www.ait.viamedica.pl

'Chasing the dragon' in the intensive care unit

Bjoern Zante[1], Eva Margarete Hammel[1], Arno Lauber[2], Joerg C. Schefold[1]

[1]*Department of Intensive Care Medicine, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland*
[2]*Department of Neuroradiology, Inselspital, Bern University Hospital, University of Bern, Switzerland*

Sir,

A 35-year-old drug abuser was admitted to the ICU in an unclear coma with unremarkable routine exams (except for positive opioid screens). Cerebral magnetic resonance imaging (cMRI) revealed marked symmetric supra- and infra-tentorial parenchymal lesions (Fig. 1 and 2) pathognomonic for heroin-associated spongiform leucencephalopathy (HASL). HASL is rarely observed after inhalation of (contaminated) heroin leading to toxic subacute multi-vacuolar oligodendrocyte degeneration. Previously referred to as "chasing-the-dragon-syndrome", liquefied heroin appears like a "dragon" moving on heated aluminium foil with vapour rising up like a tail. This vapour is "chased" and inhaled via a pipe and is known as the most effective non-intravenous heroin ingestion method, originating from Hong Kong in the 1950s. In unclear coma after drug abuse, ICU physicians should consider that a dragon has been "caught".

ACKNOWLEDGEMENTS

1. Source of funding: none.
2. Conflict of interest: none

Corresponding author:
Bjoern Zante, M.D.
Department of Intensive Care Medicine
Bern University Hospital
Freiburgstrasse 10, 3010 Bern, Switzerland
e-mail: bjoern.zante@insel.ch

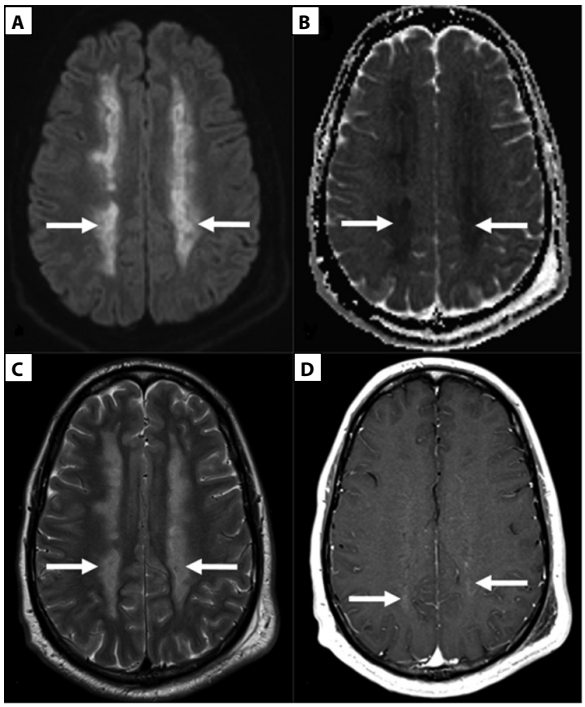

Figure 1. Axial cMRI with symmetrical white matter lesions: (**A**) diffusion-weighted imaging, (**B**) apparent diffusion coefficients map, (**C**) T2-weighted, (d) post-gadolinium T1-weighted images with faint enhancement in parietal lobes

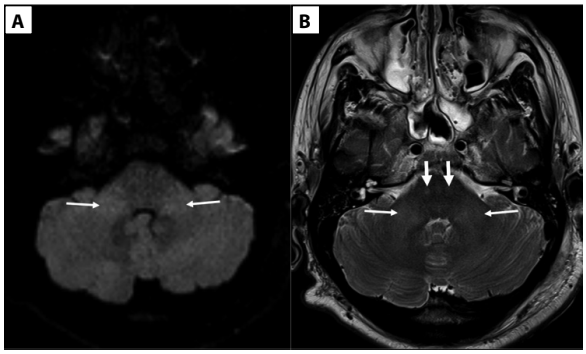

Figure 2. Axial cerebellar cMRI with diffuse peduncular lesions in (**A**) diffusion-weighted image, (**B**) T2-weighted image with symmetrical hyperintense signals in *corticospinal tracts* (thick arrows) and cerebellar peduncles (thin arrows)