



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

1143AA

OCT 13 1989

OFFICE OF  
PESTICIDES AND TOXIC SUBSTANCESMEMORANDUM

SUBJECT: Brodifacoum, Report of Apparent Human Self Poisoning

TO: William Miller PM-16/5  
Registration Division (H7505C)FROM: Robert P. ~~Lenazian~~ Ph.D. 9/15/89  
Senior Pharmacologist  
SACB, HED (H7509C)THROUGH: Albin Kocialski Ph.D. E. Fickel  
Head  
Registration Standards and Special Review SectionReto Engler Ph.D.  
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Science Analysis and Coordination Branch

Compound; Brodifacoum

Tox Chem #114AA

Registration #16-782

Registrant; ICI

Accession #409729-01

Tox Project #9-1819

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]  
[REDACTED] covering the period of her admission to [REDACTED]  
[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

PRIVACY ACT EXEMPTION

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, despite continuation of whole plasma treatment. Patient was allergic to vitamin K preparations. The patient developed septocemia, apparently due to contamination of an indwelling catheter, and died of septic shock on 4/27/88.

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

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

It is apparent from the report that the attending physicians were not aware of the extremely high toxicity and persistence of brodifacoum. 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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