

LETTERS TO THE EDITOR

Liquid cocaine as an alternative body-packing presentation: A diagnostic and therapeutic challenge in emergency departments

Cocaína líquida como alternativa de presentación en los body packers: un desafío diagnóstico y terapéutico en los servicios de urgencias

To the Editor,

A body packer is defined as a person who transports illicit substances by ingesting packages designed for that purpose. First described in the 1970s, this trafficking modality has since progressively increased, driven by improvements in packaging systems and changes in the substances transported.¹ Cocaine and heroin are the most widely transported drugs, although cases involving hashish, marijuana, and MDMA have also been described.

Body packers typically ingest between 50 and 200 packets, each containing 8–10 g of drug. Mechanical abdominal complications such as intestinal obstruction or perforation may occur. However, one of the most serious complications is acute intoxication due to leakage or rupture of the packets. In the case of cocaine, doses of 1–3 g may be lethal, making rupture of a single packet potentially fatal.²

Mortality, close to 50% in older series, has decreased significantly

with improved packaging.³ Clinical risk largely depends on the type of wrapping, which can be categorized into 4 groups: type 1 (fine powder, manually packaged with condoms, higher risk of rupture), type 2, the most common (compact powder, industrially packaged in multiple latex layers, safer), type 3 (compact powder wrapped in aluminum), and type 4 (cocaine hydrochloride dissolved in alcohol or aqueous solution).⁴

In recent years, an increase in the transport of liquid cocaine has been observed. It is dissolved in water or other solvents and introduced into flexible containers. A smaller number of capsules are usually ingested, although the cocaine concentration in each capsule may vary and, in case of leakage, it is absorbed more rapidly, increasing the likelihood of overdose. It is important to note that sealing defects, microleaks, or simple manipulation of the packets—which may leave drug residues on the surface—can trigger intoxication, even when the packaging appears intact. Furthermore, detection is more complex because, due to their low density, capsules are not visible on plain radiography; therefore, computed tomography (CT) becomes the diagnostic technique of choice.⁵ Initial management of asymptomatic patients, who constitute the majority, consists of close observation in the emergency department. If not contraindicated, administration of an evacuant electrolyte solution is rec-

ommended, with success rates of up to 98.5%. Emergency surgery is indicated when symptoms of acute intoxication, obstruction, or intestinal perforation appear.²

A 27-year-old woman was brought to the emergency department after a convulsive syncope episode at the airport exit. On physical examination, she presented tachycardia, diaphoresis, myoclonus in the chest and upper extremities, and bilateral mydriasis. Abdominopelvic CT showed hyperdense content in the colonic frame and rectal ampulla, without evidence of intestinal perforation. Emergency surgery was performed, and laparotomy revealed numerous foreign bodies containing liquid. A standard appendectomy was performed with extraction of 16 packets through the appendiceal orifice and transanal extraction of 4 additional packets, all apparently intact (Figure 1). The postoperative course was uneventful.

Body packers represent a diagnostic and therapeutic challenge in emergency departments. Liquid cocaine is a new presentation variant with higher risk and more difficult detection; therefore, CT should be considered the diagnostic technique of choice. A high index of suspicion and updated protocols are essential for early and effective management.

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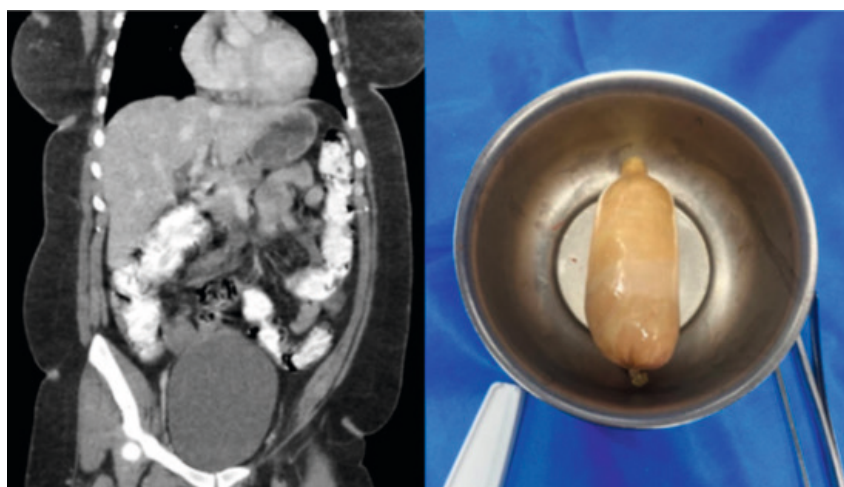


Figure 1. Left: Coronal reconstruction of an abdominal-pelvic CT scan with contrast, showing high-density material along the colonic trunk. Right: One of the packets of liquid cocaine removed during surgery.

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