

Consequently, this deficiency leads to LOC (26).

Toxic Ingestions

Pediatric toxic ingestion or accidental poisoning is a very common chief complaint in pediatric emergency unit (27,28). Toxin ingestion could be unintentional or intentional (29). Body packing is one of the child abuses and may be a cause of coma that should be considered (30). Special epidemiological surveillance in any region is important and necessary (28). Some toxin may cause coma or LOC due to several pathophysiology.

Serum metabolites and substrate

Abnormal serum levels of substrates or metabolites could lead to the LOC and coma. Hypoglycemia, metabolic acidosis or alkalosis, abnormal serum electrolyte levels (Na, K, Ca, P and Mg) are some of the main causes of serum substrate abnormalities which may lead to LOC (31,32). Renal and hepatic failure may result in progressive apathy, confusion and coma (33).

Urea cycle deficiency could present with ALOC and hyperammonemia in neonates or young children. Hyperammonemic coma is a result of total enzyme insufficiency (34).

Reye's syndrome is very rare but could induce liver failure and could predispose the patient to delirium that progresses to coma (35).

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Conflict of Interest

The authors declare no conflict of interest.

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