Positive Morphine Findings in Meconium after Postnatal Administration of Sevredol® (Morphine)? – A Case Report

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Background

Meconium is the newborn's "first stool", containing water, epithelial cells, mucus, amniotic fluid and bile. The analysis of meconium is generally used for detecting fetal drug exposure providing evidence potentially relevant for child custody decisions.

Mechanisms of drug incorporation into meconium

- Prenatal: 1) transplacental transfer into the fetal bloodstream, followed by biliary excretion into the intestine
 - 2) fetal swallowing of drug-containing amniotic fluid, leading to accumulation of drugs and their metabolites in the fetal gut.
- Postnatal: Substance uptake occurs directly (via the newborn) or indirectly (via maternal treatment) during labor and delivery
 - > Incorporation of drugs occurs likely within hours suggesting rapid transfer and deposition

Compared to other matrices (urine, newborn hair), meconium offers a larger exposure window (extending over the third trimester) and allows sampling directly from the diaper without disturbing the newborn. Passage of meconium generally occurs within one to three days after birth.



Timeline / Case history

Beginning of

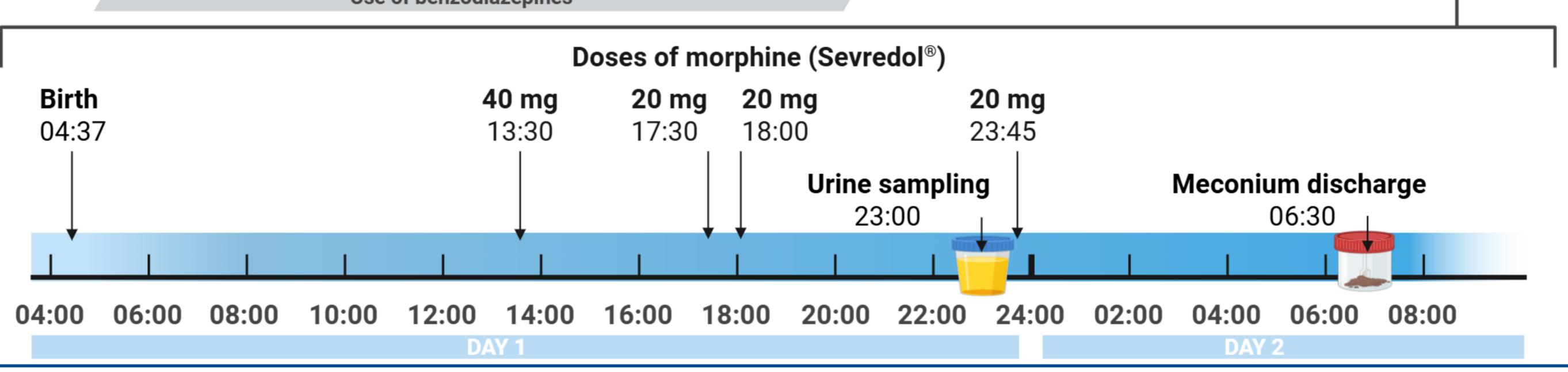
Did the mother use heroin during later pregnancy?

"It should be assessed whether the mother has resumed drug use, as cocaine, heroin, THC, and benzodiazepines were consumed early in pregnancy."



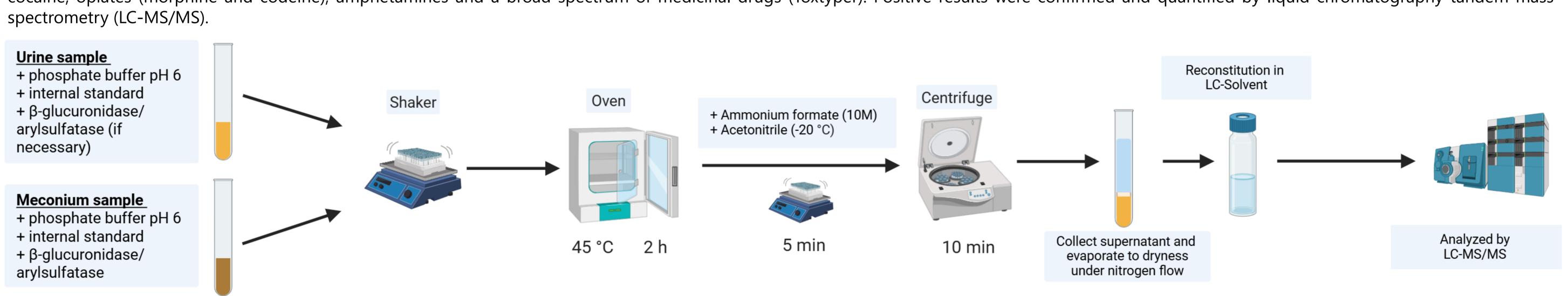
"The mother reports no further drug use."

Formation of meconium Childbirth Pregnancy **Months** Methadone substitution therapy Use of cocaine and heroin Use of THC Use of benzodiazepines



Analytical Methods

Meconium and urine samples were prepared using standard extraction methods (deglucuronidation, protein precipitation). The samples were screened for common drugs of abuse including cocaine, opiates (morphine and codeine), amphetamines and a broad spectrum of medicinal drugs (Toxtyper). Positive results were confirmed and quantified by liquid chromatography-tandem mass spectrometry (LC-MS/MS).



Results & Discussion

Drugs of interest	Concentration in Meconium [ng/g]	Concentration in Urine [ng/ml]
Methadone	>3500	83
EDDP (metabolite of methadone)	>5000	250
Morphine	43	130
Normorphine	not detected	<1.0
Codeine	not detected	not detected
6-Acetylmorphine	not detected	not detected
Noscapine	not detected	not detected
Papaverine	not detected	not detected

- Methadone and EDDP in accordance with substitution therapy.
- No heroin-specific markers (6-acetylmorphine, noscapine, papaverine, codeine) detected.
- Morphine finding in meconium could be explained by urine contamination or postnatal stool formation.
- Morphine in meconium and urine consistent with possible exposure due to morphine accumulation in breast milk.

References

6) Illustrations were created by BioRender

- 1) Gray et al. A liquid chromatography tandem mass spectrometry method for the simultaneous quantification of 20 drugs of abuse and metabolites in human meconium. Analytical and Bioanalytical Chemistry. 2009, 393 (8), 1977-1990 McMillin et al. Patterns of Drugs and Drug Metabolites Observed in Meconium: What Do They Mean? Therapeutic
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Contact

characteristics of drugs, and particular caution in cases where

a substance may be both a parent drug and a metabolite of

The results do not indicate renewed

heroin use during the last trimester of

pregnancy.

Careful evaluation of meconium analysis is essential, and

the following information should be taken into account

Review of maternal medication (including during and after

Maternal information on drug use during pregnancy

Consideration of specific markers and metabolic

Conclusion

birth) and pharmacy history

another drug

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