Regarding the Case Report "Cerebral Accident Following MDMA Ingestion"

Dear Editors,

Regarding the case report "Cerebrovascular Accident Following MDMA Ingestion" Vol 2, Issue 1, the authors assign causality of this patent's CVA to an ingestion of MDMA. They do not verify the ingestion of MDMA beyond a history that the patient ingested an (allegedly) MDMA pill. For a respected journal of *Medical Toxicology* this lack of critical information is unacceptable. No blood levels, no comprehensive urine drug screen and no analysis of any remaining pills were performed. We can only conclude (with any confidence) the exclusion of concomitant ingestion of some of the common drugs of abuse (cocaine or methamphetamines) based on the limited drug screen. It is pure speculation that the patient ingested MDMA. There are hundreds of "designer" amphetamines and other street drugs which have a myriad of adverse effects (PMA, 4-MTA, MDE, DXM, to name a few), potentially any of which could have been unintentionally ingested as "MDMA". Additionally, the case should have some documentation of the patient's past medical/abuse history in order to explore the potential past use of cocaine or amphetamines as an explanation for his (possibly preexisting) MCA stenosis.

The reason for this journal was to provide a place in the medical literature for Medical Toxicology, and great efforts have been taken by many people to attempt to make this a respected journal and a place for scientific rigor. This case undermines our goal mission and further obfuscates what little is clear in medical toxicology. I ask the editors to please consider increasing their standards for accepting case reports and reject articles in the future without confirmation of the implicated toxin.

Thank you,
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Rebuttal to "Regarding 'Cerebral Accident Following MDMA Ingestion'"

Dear Readers,

Regarding the letter to the editor, the author appears to be frustrated with the "standards for accepting case reports." We were just as frustrated with the inability to confirm the toxin in our cerebrovascular case. Unfortunately, our toxicology lab at Charity Hospital in New Orleans was inaccessible after hurricane Katrina, and we were unable to review or obtain any additional information about this case. In addition, there was no past medical or chronic abuse history to mention, and there were no pills to analyze in the initial presentation.

The author was actually correct to state "it is pure speculation that the patient ingested MDMA." However, it is a fact that a twenty-year-old-male had a massive stroke after ingesting street drugs. There is no other explanation for the stroke. This needs to be discussed in the literature. The fact that confirmation was not obtained does not and should not deter anyone from writing or discussing such cases in the future.

Most importantly, the patient's brother was a good historian. He was present during the ingestion, and he reported that alcohol, marijuana, and ecstasy were taken. Our drug and alcohol screens confirmed the THC and alcohol use. However, our urine screening did not register amphetamine (methylenedioxymethamphetamine or other forms of amphetamines), cocaine, phencyclidine, barbiturates, benzodiazepines or opiates.

The half-life of methylenedioxymethamphetamine (MDMA) is something to consider. The serum half-life is roughly 6 hours; however, the urine elimination half life can be as long as 48 hours. As mentioned by the author, MDMA is not usually sold in its pure form because it may be processed with other "designer amphetamines," cocaine and/or street drugs. Unfortunately, our