CONDITION

Philodendron poisoning

Philodendron poisoning is irritation of the mouth, throat, eyes, or skin caused by crystals in the plant

WHAT IT IS
Local irritation from chewing or contacting philodendron sap

BODY SYSTEM
Mouth, throat, digestive tract, eyes, and skin

MAIN SYMPTOMS
Mouth burning, swelling, drooling, trouble swallowing

WHAT CAUSES IT
Needle-shaped calcium oxalate crystals in plant tissue

HOW IT IS DIAGNOSED
Exposure history, examination, and plant identification

MAIN TREATMENT
Rinsing, symptom relief, and airway support when needed

CAN IT BE CURED?
Yes - symptoms usually resolve with supportive care

IS IT AN EMERGENCY?
Sometimes - trouble breathing or severe throat swelling

LONG-TERM OUTLOOK
Full recovery expected after most exposures

Overview

Philodendron poisoning happens when someone chews or swallows part of a philodendron plant, or when its sap touches the eyes or skin. It usually causes immediate irritation rather than poisoning throughout the body.

Philodendron tissue contains bundles of microscopic calcium oxalate crystals called raphides. These crystals are shaped like tiny needles. When the plant is crushed or chewed, they can enter nearby tissue and cause pain, burning, and swelling.

Most exposures are uncomfortable but not life-threatening. Symptoms often remain limited to the lips, mouth, and throat. However, significant swelling can make swallowing difficult. Trouble breathing needs emergency care.

Philodendrons belong to the arum plant family. Other houseplants, including dieffenbachia, monstera, peace lily, and calla lily, can cause a similar reaction. Common plant names are not always reliable, so a photograph or label can help with identification.

Symptoms

Symptoms usually begin within seconds or minutes of biting the plant. A person may quickly spit it out because of the sharp burning sensation.

Common mouth and throat symptoms include:

Young children may not be able to explain the pain. They may cry, refuse food or drinks, rub their mouth, drool, or spit out pieces of leaf.

Sap in an eye can cause immediate pain, redness, watering, swelling, and sensitivity to light. Blurred vision can occur. Persistent pain or vision changes may indicate injury to the clear front surface of the eye, called the cornea.

Skin contact may cause redness, itching, burning, or a rash. This is more likely after contact with cut stems or plant sap. Skin symptoms are usually milder than symptoms caused by chewing the plant.

Trouble breathing, noisy breathing, rapidly increasing tongue or throat swelling, or an inability to swallow saliva are not routine symptoms. They require emergency care.

- Burning or stinging of the lips, tongue, gums, or throat
- Swelling of the lips, tongue, or inside of the mouth
- Drooling or increased saliva
- Pain or difficulty when swallowing
- A hoarse voice
- Nausea, gagging, or vomiting

Causes and risk factors

The cause is direct contact with insoluble calcium oxalate crystals in the plant. "Insoluble" means the crystals do not readily dissolve in water. They mainly damage the tissue they touch rather than being absorbed in large amounts into the bloodstream.

Chewing breaks open specialised plant cells and releases the crystals. The crystals puncture the mouth lining and trigger inflammation, which produces pain and swelling. Other chemicals

in the plant may add to the irritation.

Exposure is more likely when:

A small bite can cause noticeable symptoms because the effect is local. The severity is influenced by how much tissue was chewed, where the sap made contact, and whether swelling affects swallowing or breathing.

This condition is different from poisoning caused by plants containing soluble oxalates. Household philodendron exposure does not usually cause low blood calcium, kidney failure, or kidney stones.

- A young child explores a houseplant by biting it
- Leaves or stems are mistaken for edible plants
- Someone prunes or repots the plant without protecting their skin and eyes
- Sap is transferred from the hands to the mouth or eyes
- A person has difficulty recognising that the plant is unsafe to eat

Diagnosis

There is no routine blood test that confirms philodendron poisoning. Diagnosis is usually based on what happened, the rapid onset of typical symptoms, and an examination of the mouth, throat, skin, or eyes.

Plant identification can support the diagnosis. If it can be done safely, take a clear photograph of the whole plant, its leaves, and its stem. Keep the plant label if one is available. Do not bring loose plant material into a healthcare setting unless the poison centre or clinical team asks for it.

A clinician may check breathing, oxygen levels, swallowing, hydration, and the amount of swelling. An eye examination may include a special dye that makes scratches on the cornea easier to see.

Tests are not usually needed after a mild exposure. If breathing or swallowing is affected, further assessment may include blood tests, imaging, or examination of the throat with a small flexible camera. These tests assess complications rather than proving which plant caused the reaction.

Treatment and management

The first step is to stop contact with the plant. Remove any visible pieces from the mouth without reaching deeply into the throat. Rinse the mouth gently and spit out the water.

If the person is fully awake and swallowing normally, cool water or another cool drink may soothe the mouth. Ice chips or a cold food may also reduce discomfort. Do not give food or drink to someone who is choking, very drowsy, repeatedly vomiting, or having difficulty swallowing.

Do not make the person vomit. Vomiting can expose the mouth and throat to the irritant again and may increase the risk of choking. Do not try to neutralise the crystals with vinegar, lemon juice, baking soda, or household chemicals.

For skin exposure, remove contaminated clothing and wash the affected skin with soap and water. Avoid touching the face until the hands have been washed.

For eye exposure, remove contact lenses if they come out easily. Rinse the eye continuously with clean, lukewarm water for 15 to 20 minutes. Do not rub the eye or put in medicated drops unless advised by a healthcare professional.

Contact a poison centre for advice tailored to the exposure. In the United States, Poison Help is available at 1-800-222-1222. Elsewhere, use the local poison information service. Have the person's age, symptoms, time of exposure, plant name or photograph, and estimated amount available.

Medical treatment is supportive, meaning it controls symptoms while the tissue recovers. It may include pain relief, treatment for nausea, fluids, eye care, or observation. Severe throat swelling may require oxygen and procedures to keep the airway open.

Complications

Most people recover without complications. The main concern is swelling in the mouth or throat. Marked swelling can interfere with swallowing and, less commonly, breathing.

Repeated vomiting or refusal to drink may lead to dehydration, especially in a young child. Signs include a dry mouth, reduced urination, unusual tiredness, or dizziness.

Eye exposure can sometimes damage the cornea. Ongoing pain, blurred vision, light sensitivity, or the feeling that something remains in the eye should be assessed promptly.

Skin irritation can become worse if sap remains on the skin or is spread by rubbing. Broken skin may also take longer to settle.

Long-term organ damage is not expected after a typical small philodendron exposure. Serious outcomes are more likely when airway symptoms are not recognised quickly or when an eye is

not thoroughly rinsed.

Prevention

Philodendron poisoning is usually preventable by limiting contact with the plant. Households with young children or people who may chew non-food items may choose to keep philodendrons out of the home rather than relying on a high shelf.

Place plants where leaves and trailing vines cannot be reached. Remember that children may climb furniture and fallen leaves can still be chewed.

Keep the plant in its labelled pot. Do not store cuttings near food, and do not use philodendron leaves as decorations on plates or drinks.

Wear gloves when cutting or repotting the plant. Eye protection may be useful when cutting thick stems that could release sap. Wash tools, hands, and exposed skin after handling it.

Teach children not to taste houseplants, while recognising that supervision and safe placement remain important. Do not assume that an animal refusing the plant means a child will also avoid it.

Living with it and what to expect

Philodendron poisoning is an acute event, not an ongoing disease. In a mild exposure, the intense burning often starts to ease after the mouth has been rinsed and the plant material removed. Tenderness, swelling, or discomfort when eating may last longer.

Recovery time is influenced by how much plant tissue was chewed and which areas were exposed. Mild mouth symptoms may improve over several hours, while irritation can sometimes continue for a few days. Eye injuries may take longer and should be followed until pain and vision have returned to normal.

During recovery, cool drinks and soft foods may be easier to manage if swallowing is comfortable. Spicy, acidic, very hot, or rough foods can irritate sore tissue. Normal foods can be resumed as comfort allows.

Routine follow-up is not usually needed once mild symptoms have fully resolved. Arrange medical review if mouth pain or swelling is not steadily improving, vomiting continues, drinking remains difficult, or eye or skin symptoms persist.

Most people have no lasting effects after recovery. A previous exposure does not make the plant safe to handle or eat in the future. Another exposure can cause the same type of

reaction.

When to get medical help

Call a poison centre after a suspected bite or ingestion, particularly when a child is involved, the plant is uncertain, or symptoms have started. Poison specialists can help decide whether home observation or an in-person assessment is appropriate.

Seek prompt medical care if:

Call emergency services immediately for:

Do not drive someone who is having breathing difficulty. Keep them away from further plant contact and follow emergency instructions while help is on the way.

- Mouth or tongue swelling is increasing
- Pain prevents normal drinking
- Vomiting continues
- Drooling or difficulty swallowing does not improve
- Eye pain, redness, blurred vision, or light sensitivity continues after rinsing
- Skin symptoms are severe, widespread, blistering, or persistent
- Trouble breathing or noisy breathing
- Severe or rapidly increasing throat or tongue swelling
- Blue, grey, or unusually pale lips or skin
- Collapse, severe drowsiness, or unresponsiveness
- Choking or inability to swallow saliva

Common questions

What should I do if my child bit a philodendron leaf?

Remove visible plant pieces, rinse the child's mouth, and contact a poison centre. If the child is alert and swallowing normally, a cool drink may help. Emergency care is needed for breathing difficulty, severe swelling, choking, or an inability to swallow saliva.

How long does philodendron poisoning last?

The strongest burning often begins immediately and may improve over several hours.

Soreness or swelling can last longer, sometimes for a few days. Symptoms that are worsening rather than improving should be medically assessed.

Is touching a philodendron dangerous?

Touching an intact leaf does not usually cause poisoning. Sap from a cut or damaged plant can irritate the skin, and touching the eyes or mouth with contaminated hands can transfer it. Wash exposed skin and hands with soap and water.

Can philodendron poisoning cause kidney stones?

A typical household exposure is not expected to cause kidney stones. Philodendrons contain insoluble calcium oxalate crystals, which mainly irritate the tissues they touch. This differs from large exposures to plants containing absorbable, soluble oxalates.

Can I treat philodendron poisoning at home?

A mild mouth exposure may be managed with rinsing, cool fluids, and poison-centre guidance if the person can breathe and swallow normally. Eye exposure needs thorough rinsing. Increasing swelling, persistent eye symptoms, or difficulty drinking requires medical assessment.

Are philodendrons poisonous to pets too?

Yes. Cats and dogs can develop mouth pain, drooling, pawing at the mouth, vomiting, and difficulty swallowing after chewing the plant. Contact a veterinarian or animal poison service rather than giving human medicines or making the animal vomit.

Sources

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