

A case of mushroom poisoning from *Suillus luteus**

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Abstract

Suillus luteus, although often eaten, can cause illness. We describe the sickness and suggest removal of the cuticle before eating.

Case report

Suillus luteus (L. ex Fr.) S. F. Gray is a common bolete which is often collected for the table in eastern North America. The authors of several standard mushroom manuals (Glick 1979; McIlvaine 1902; Miller 1978; Lincoff 1981) recommend it as a good edible, and it is not mentioned as toxic in books on mushroom poisoning (Lincoff and Mitchel 1977; Menser 1977; Rumack and Salzman 1979). However, a recent manual (Lincoff 1981) warns of the possibility of diarrhea from eating the fungus without removing the slime from the cap. No reference is given, and the warning is apparently based on anecdotal evidence. For the record, we document here a recent case of poisoning from eating this species. It should be noted that this incident predates the warning by Lincoff (1981).

The case involved the senior author, a 31-year-old healthy male, who had eaten *S. luteus* on several occasions without illness. A collection of newly-emerged fruiting bodies was made on 6 October 1981 on the Kingston campus of the University of Rhode Island. Identification, by field characteristics, was later confirmed microscopically. Although the subject had peeled the glutinous cuticle—typical of *S. luteus*—from previous collections, the excellent condition of this fruiting caused him to forgo peeling it. The cuticle, although gelatinous, was not at all slimy. On the same day, he ate about 300 cc of the sliced fungus which had been cooked in butter and lemon juice. No alcoholic beverage was taken. Watery diarrhea commenced about 15 min later, and returned after each meal for 2 days; then a gradual recovery began. After a total of 5 days, recovery was complete. During the course of

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the illness, no nausea, cramps, pain, or other symptom accompanied the diarrhea; the subject felt well except for accompanying fatigue.

A portion of the collection had been sliced and air dried in sunlight for future consumption. On 12 October, about 20 slices (about 3g) of this material were added to a pot (about 2 liters) of soup cooked by the same subject, who had not yet connected his illness with the fungus. He then ate about 3 slices of the fungus with a portion of the soup. Again, diarrhea set in after about 15 min and continued for 5 days.

The balance of the soup was refrigerated. On 20 October the subject, as an experiment, ate some of the broth but none of the fungus therein. No symptoms appeared. On the following day, 2 slices of the fungus from the soup were eaten, with the symptoms as before.

From this case, we conclude that the toxin is rather potent, heat stable, and not readily extracted from the sliced fungus by boiling. Mycophagists should be warned to clean *S. luteus* carefully before using it for food.

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