

Abstract

Amlodipine is a dihydropyridine calcium channel blocker (CCB) with a long half-life primarily used to treat cardiovascular conditions. Overdoses of this commonly used drug have life-threatening consequences that require immediate intervention. Here, we describe a case of a 24-year-old young female who presented 13 hours following self-ingestion of 5 mg amlodipine in 30 tablets (a total of 150 mg of amlodipine). She developed refractory hypotension necessitating a comprehensive management approach, including intravenous fluids, inotropes, intravenous calcium, and insulin infusions, as well as non-cardiogenic pulmonary edema requiring noninvasive ventilation. She recovered completely and was discharged in a few days with no complications. This case underscores the critical importance of timely and multi-faceted interventions in amlodipine overdose, highlighting the need for tailored therapeutic strategies.