ماده موثره	مکانیسم	توکسونومی	نام لاتین قارچ	نام علمی قارچ	درمان	علائم بالینی
Cyclopeptides	Liver	Agaricomycetes Strophariaceae	-	*Galerina autumnalis*	" Fluid and electrolyte repletion (IV 0.9% sodium chloride solution) * Dextrose repletion titrating to serum glucose concentration (>100 mg/dL) * Activated charcoal during the first 12 to 24 hours following mushroom ingestion(1 g/kg every 2 to 4 hours for 3 to 6 doses) * Penicillin G not as a first-line regimen and only if none of the following regimens are available. * A dose of silibinin 20 to 50 mg/kg/d is suggested in humans (inadequate data) *N-acetylcysteine in standardized regimen even in hepatic failure phase * In the absence of any proven antidote, polymyxin B at a dose of at least 0.75 mg/kg * Hemodialysis and hemoperfusion within 24 hours of a documented ingestion * No definitive transplant criteria for amatoxin-associated acute liver injury and acute liver failure, and the surgeon’s judgment in a transplant center is essential. Rapid transfer to a regional liver transplant center if advancing liver failure"	Phase I: Gl toxicity N/V/D Phase II: Quiescent Phase III: N/V/D, jaundice, ↑ AST, ↑ ALT ↑ Bilirubin