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High-dose pralidoxime for organophosphorus poisoning

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Kirti Pawar and colleagues compare two pralidoxime regimens in 200 patients with moderately severe organophosphorous poisoning in an open-label randomised trial.1 The patients receiving the higher dose had less morbidity, pneumonia, and need of atropine or ventilatory support, and a shorter duration of intubation than those on the regular dose.

Although the effectiveness of oximes is yet to be established,2–4 a control group was not included in the design. It is unclear how moderately severe illness was defined (two-thirds of the patients required ventilatory support) and which relative of the poisoned patients consented to participation. That those not satisfying inclusion criteria were shifted to a nearby government hospital poses a strong ethical concern.

The very low atropine requirement in the study group is confusing and suggests that the study group had milder or dissimilar illness.5 A 1·8 mg unit dose given every 15 min should exceed the quoted median dose within the first 2 h when the dose of atropine would be the same in the two groups.

It is surprising that without any external funding, all patients were able to afford pralidoxime for the entire period of administration and that there were no dropouts for this reason. That Pawar and colleagues were able to determine the amount of pesticide ingested is also interesting because it proves challenging in clinical practice.

We declare that we have no conflict of interest.

References


