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Comment on: The Golden Hour in Paraquat Poisoning

Sir,

Paraquat (PQ) is still used in many developing countries as a potent herbicide with high morbidity and mortality in poisoning cases.[1] Wide spread availability, relatively low cost, and low toxic dose may be the reason for high suicide in those countries.

We have read the interesting case report of PQ poisoning entitled "The Golden Hour in Paraquat Poisoning" which is recently published in Toxicology International.[2] Long-term follow-up of the patient and the method of management are positive and valuable points in this report. However, there are some points which need to be more explained.

- According to this report, the clinical manifestations and the laboratory tests of the patient were normal on the 1st day of admission, and the authors had not mentioned about the confirmatory detection of PQ in serum, plasma, and urine of the patient. How much they are sure that this case was basically a PQ poisoning one?
- The indication for administration of corticosteroid, charcoal hemoperfusion, and cyclophosphamide has not been well defined. Without detection of PQ in urine or blood, we routinely would not suggest the administering of these interventions and medications just by a dubious history of PQ ingestion. Although PQ serum level by high-performance liquid chromatography is influenced by the time of PQ ingestion, kinetics, organ injury, and dithionite urine test may be used as a diagnostic measure to determine the presence and severity of PQ intoxication.[3,4]
- About vomiting after ingestion, the efficacy of ingested PQ (regarding expiry date) and early decontamination including activated charcoal, which may reduce the amount of absorbed toxin and the toxicity severity, has not been mentioned.

Considering the above comments, the type of toxicity, in this case, might be in the form of sub-acute toxicity which usually may survive despite some degrees of toxicity in the kidney, liver, and lung.[5]

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