Letter to the Editor

Survival of a patient following moderate to severe paraquat poisioning

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Gray and Sheriff in their article (JCCP 1998, **31**; 62-64) conclude that the favourable outcome of the patient with paraquat poisoning could be due to the pulse therapy or more likely, due to the combination of pulse therapy, gestric lavage and Fuller's earth. In my experience, patients have survived without pulse therapy even after consuming more than 20 ml of paraquat.

Malone et al[1] advocated the use of cyclophosphamide and corticosteroids for paraquat poisoning and subsequent studies by Addo et al[2], Addo and Poon-King,[3] and Lin et al[4], reported their use.

Non-availability of the initial plasma paraquat levels was the major weakness of all these studies, and the clinicians world over still do not accept that these drugs are beneficial.

Nogue et al[5] have disputed the beneficial effects of these drugs and a prospective study by Perriens et al[6] did not find any difference in mortality between 14 patients who received standard treatment and 33 patients who received high-dose cyclophosphamide and dexamethesone.

Even the most recent publication concludes that double-blind controlled studies are required to confirm the effectiveness of pulse therapy[7].

Therefore, paraquat poisoning should not be treated with cyclophosphamide and corticosteroids.

References

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Editors Comments: The authors reply .....

Case Fatality Rates recorded for paraquat in Sri Lanka is highest amongst the pesticide poisonings (30 - 40% for paraquat as opposed to 10 to 15% in the case of organophosphates 10 - 15%).

The different observations cited by Prof Ravindra Fernando highlight the differing experiences on the use of cyclophosphamide and steroids globally.

The authors conclude that there is a suggestion of mitigated long term pulmonary effects by the use of Steroids and Cyclophosphamide in their case report and reiterate as published in their article that "further controlled clinical trials are needed to change the present conventional methods of paraquat poisoning."

The authors agree that steroids and cyclophoshamide are not recommended for routine use but certainly worth using under contrelled research conditions as more well organised studies are needed particularly in countries like Sri Lanka where the problem is rampant. Interventional research is more important and should be encouraged to find the much needed answers to this global waste of young lives.

The case report cited is a forerunner to one such double blind controlled clinical trial being planned locally.

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