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**=bhfcXiWh]cb.** Organophosphorus poisoning (OPP) is an important health problem in many parts of the world particularly in developing countries. However, the treatment did not change since many years, despite the increasing dotaptications and case fatalities of the exposure. From the clinical experience, malbexIMEAA ourabeying

combination of oxime, atropine, and diazepam is well established in the treatment of OP insecticide poisoning. However, there has been controversy as to whether oximes improve morbidity and mortality in human poisoning explanation may be that the solvents in many formulations are primarily responsible for the high morbidity and mortality; oximes would not be expected to reduce toxicity in these circumstances even if given early and in appropriate dose [6].

the need for new antidote approach for OP pesticide therapy. Very few studies suggest from new treatments such as Sodium bicarbonate and N-acetyl cysteine, and larger trials are needed [7].

## Aim of the Work

study was conducted to assess of sodium bicarbonate and N-acetyl cysteine in treatment of organophosphorus-poisoning cases aims in broader terms to approach new modalities for treatment of organophosphorus poisoning and to reduce morbidity/mortality of that common toxic exposure.

## Subjects and Methods

is a prospective randomized controlled clinical trial that was carried out on 140 patients diagnosed of poisoning of organophosphorus compounds patients were attending to the Glutathione peroxidase was measured by Spectrophotometer (Model Slim, Serial Number 327288, Italy) with wavelength adjusted at 340 nm. While buturylcholinesterase was measured by

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	r	-0.143	330-**		337-**	.665**
MDA-After 24 h	Р	0.237	0.005		0.004	0
	r	1.000	0.052		-0.021	239-*
Serum GPx-After 24 h	*					

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atropine but not pralidoxime was reduced in NAC group.

	Page 6 of