

## Abstract

Keywords: Organophosphate; Poisoning; Intermediate syndrome; Pakistan Prolonged

Introduction

Organophosphate (OP) pesticide contributes significantly to morbidity and mortality related to poisoning in the developing world [1-3]. It generally present initially as acute cholinergic crisis which manifest as excessive salivation, lacrimation, sweating, vomiting, diarrhea, urination, pinpoint pupil, mental status changes and seizures. In some patient after acute cholinergic crisis is over an Intermediate syndrome of muscle weakness develops leading to respiratory failure [1-3]. Some cases have delayed complications like organophosphate induced delayed polyneuropathy and chronic organophosphate induced neuropsychiatric disorder. Most of the deaths occur during acute cholinergic crisis or during Intermediate syndrome of muscle weakness [3-5].

The incidence of Intermediate syndrome reported in literature varies and range from 8% - 84% of cases of organophosphate poisoning [3]. Various factor accounts for this difference, including the nature of OP compound, severity of poisoning and inadequate Oxime therapy etc. [3]. The syndrome occurs after the acute cholinergic crisis is over and patient is clinically improved. It manifests as acute muscle paralysis especially involving neck extensors, proximal muscles, cranial nerve palsy and respiratory muscles and therefore requires ventilator support [6]. Certain OP like parathion, methylparathion, malathion, and fenthion are commonly associated with this condition [6]. The recognition of this syndrome and its anticipation is important as apparently well patient suddenly develop respiratory failure leading to high morbidity and mortality.

We report a case of a 23 year old female with Organophosphate poisoning who was successfully treated with pralidoxime and atropine, in the acute phase of poisoning but suddenly developed respiratory failure that lasted for twenty three ICU days.

Conclusion

A 23 year old young lady brought to the Emergency Department (ED) by family one hour after ingesting a bottle of an unknown insecticide. On arrival, she was having excessive secretion and multiple episodes of vomiting. She had 2 episodes of vomiting while in ED. On examination she was tachycardic and had pinpoint pupils. Patient was suspected to have organophosphate poisoning based on clinical

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## Conclusion

Our case highlighted a prolonged duration of an intermediate syndrome requiring ICU and `v5(li4z19(t)-5(io-5(li-3(a)19(t)6(e)12(mr)-204(vs)(ur12(m)121m)19(c)12(mr)-0(ut)-204(vf)9e)12(mr)-204(va(lib19(c)12`

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