

A CASE REPORT ON ORGANOPHOSPHORUS POISONING**Emilin Scaria^{1*}, Anchu C. L.^{2*}, Dr. Dhanya Dharman³, Prof. Dr. Shaiju S. Dharan**¹Pharm D Intern (Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India).²Pharm D Intern (Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India).³Assistant Professor (Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India).⁴Principal/HOD (Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India).

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INTRODUCTION

Organophosphorus poisoning is poisoning due to opiates. Organophosphorus are used as insecticides, medications and nerve agents. Symptoms include increase saliva and tear, diarrhoea, nausea, vomiting, small pupils, sweating, muscle tremor, confusion. While onset of symptoms is often within minutes and it can take up to weeks to disappear. Exposure can be from drinking, breathing in the vapour or skin exposure. The underlying mechanism involves the inhibition of acetylcholine leading to the building of acetylcholine to the body. Diagnosis is typically based on the symptoms and can be by measuring plasma cholinesterase activity in the blood in those who have organophosphate poisoning the primary treatment are atropine, oximes such as pralidoxime, obidoxime. General measurement such as oxygen and intravenous fluids are also recommended. Organophosphorus poisoning are one of the most common cause of poisoning worldwide. There are nearly three million poisoning per year and two hundred thousand death.

CASE HISTORY

A 45 year old male was admitted in the nephrology department with complaints of accidental ingestion of pesticide and patient have abdominal pain and shivering. On clinical examination the urea, creatinine and CRP were elevated. On admission in ICU the patient were diagnosed with pneumonia. On culture the organism identified was klebsiella pneumonia and pseudomonas aeruginosa. On admission time the patient was sick and elevated blood pressure and pulse rate. According to physical and clinical examination the case was diagnosed as organophosphorus poisoning. while patient stayed in the hospital, he was treated with antibiotics and other supportive measures and the patient was better during discharge.

DISCUSSION

Organophosphorus poisoning is poisoning due to opiates. Organophosphorus are used as insecticides, medications and nerve agents. Symptoms include increase saliva and tear, diarrhoea, nausea, vomiting, small pupils, sweating, muscle tremor, confusion. While onset of symptoms is often within minutes and it can take up to weeks to disappear. Exposure can be from drinking, breathing in the vapour or skin exposure. The underlying mechanism involves the inhibition of acetylcholine leading to the

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The diagnosis is based on patient history, laboratory investigations and clinical examinations. During admission time the patient was sick, febrile and also have elevated blood pressure and pulse rate. On clinical examination the CRP, ESR, urea and creatininne were elevated. On physical examination the patient was sick. initially the symptoms started with abdominal pain, shivering and diarrhea. On examination the patient were sick and by considering the physical and clinical examination the diagnosis were done. The bystanders were counselled about the disease, medication and proper diet to be taken. for the treatment of disease antibiotics, and other supportive measures were given. On discharge oral antibiotics and proper patient counselling was given.

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