

Pattern of pre-hospital treatment received by cases of pesticide poisoning

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Objective: Pesticides particularly Organophosphates are commonly used as agricultural insecticides worldwide (1). Easy availability makes them a popular method for self-harm in the developing countries like Bangladesh (2). The aim of the study was to know the pattern of prehospital treatment received by the patients following pesticide poisoning and to assess the outcome. **Methods:** It was a prospective study, descriptive in nature conducted in one adult Medicine unit of Dhaka Medical College Hospital over a period of nine months from October 2005 to June 2006. Sixty patients enrolled consecutively during this period with definite history and clinical features with acute pesticide poisoning were the study subjects. Data were collected in an individual case record form. **Results:** The largest part of the patients came from the rural area (80%) with mean age was 24.7 ± 8.8 years and 50% were married. Most of them (40, 66.7%) were male. 91.7% poisoning was intentional and familiar disharmony (45%) was the key underlying cause. Thirty five (58.3%) patients were educated and 41 (68.3%) patients purchased the pesticide themselves for self destruction. The brand of the poison could be identified in 32 (53.3%) cases: the most commonly used compound was Malathion (31.2%) and Chlorpyrifos (25%) (figure 1). 75% patients sought treatment in public hospital before coming to the present place for management. 98.3% patients received stomach wash. Only 22(36.7%) patients received first aid before arrival to hospital: 19(31.7%) patients received induced vomiting by ingestion of tamarind water or lemon water or soap water or introduced finger or other substances like cowdung, 5% patients received home remedy made by milk or raw eggs etc. The overall mortality rate was 16.7%. The majority of the patients (80%) died within first 24 hours of admission and mostly due to acute cholinergic crisis (80%). **Conclusion:** Prehospital treatment following acute pesticide poisoning is not optimal and mortality following such poisoning is high in Bangladesh. Prompt recognition and early treatment is mandatory in acute poisoning. Measures should be taken to increase the awareness among general population regarding the first aid following pesticide poisoning. Immediate correct first aid and pre hospital treatment could reduce the mortality. **Reference:** (1) Eddleston M: Patterns and problems of deliberate self-poisoning in the developing world. QJM 2000; 93:715-731. (2) Faiz M A, Rahman M R, Ahmed T. Management of Acute Poisoning with organophosphorus insecticide. J Bang coll Phys Surg 1994; 12: 5962.