Conclusion

Pesticide self-poisoning is a major health problem in India mostly affecting the agricultural population. Majority of them were males belonging to the age group of 21-30 years. Majority of them received GI decontamination followed by atropine and few patients received glycopyrrolate with atropine in combination. Outcome analysis of OP poisoning with different treatment regimen showed that gastric lavage and activated charcoal did not show any significant benefit in the patient’s outcome. Addition of glycopyrrolate with atropine improves the quality of treatment with reduction in number of adverse drug reactions of atropine. Use of oximes in OP poisoning is controversial. WHO recommends the use of 500mg/hour pralidoxime infusion till the patients are asymptomatic. Our study also showed better efficacy in patients who received continuous infusion of PAM either as 500mg/hour or 1g/hour. Among the continuous infusion, 1g/hour showed better efficacy than 500mg/hour regimen in terms of percentage of recovery or percentage of mortality. Continuous infusion of pralidoxime maintained an uniform higher blood concentration when compared to intermittent dosing which showed large fluctuation in the blood concentration levels and as the serum concentration was higher, better was the recovery rate. Higher the serum levels of pralidoxime greater the reactivation of AchE. Acute methyl parathion poisoning is the most common cause of poisoning among all the OP compounds. Outcome analysis of different dosage regimen of PAM showed that the 1g/hour infusion group had a better outcome in terms of recovery when compared to the other groups. Blood level of methyl parathion is negatively correlated to AChE levels and GCS indicating that it directly correlated with severity of poisoning. The higher blood level of pralidoxime greatly influences the methyl parathion level after treatment. Blood level of PAM had a significant effect in the outcome of these patients.