

## Hypothermia in Organophosphate Compound Poisoning: Recognizing the Big Chill

Sir,  
Munta *et al.*<sup>[1]</sup> have highlighted the clinical importance of hypothermia in organophosphate compound (OPC) poisoning. At this juncture, we would like to share some of our experiences and applied aspects of hypothermia.<sup>[2]</sup> The factors that contributed for the occurrence of hypothermia in OPC poisoning of our series were the nature of the compound (Class I OPC compounds more than Class II or III)<sup>[3]</sup> and the quantity consumed; pharmacokinetics and dynamics of OPC as influenced by extremes of ages, co-ingestion of alcohol, and deficiency of pseudocholinesterase<sup>[4]</sup> (observed among Arya Vaishya community of our area); and the stimulation of muscarinic cholinergic pathways mediated by the OPC leading to profuse sweating and peripheral vasodilation.

Many such cases required longer stay in intensive care unit and tracheostomy and had turbulent clinical course. The lessons learned after handling OPC poisoning with hypothermia were – assessment of the cases for hypothermia and if so, re-elicited clinical history for the nature and quantity of the OPC consumed, co-ingestion of alcohol, delayed arrival, and other contributory factors; evaluation of the cases for adverse clinical course/complications, an interaction with health-care team for appropriate care, documentation of the details, and enlightening the caregivers on the details and outcome so as to avoid conflicts.

Accordingly, the health-care team shall be sensitized on hypothermia of OPC poisoning in view of its clinical course

and complications, and health science education and training shall focus on this entity so as to recognize it and deliver required health care.

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### Conflicts of interest

There are no conflicts of interest.

**Subramanian Senthilkumar, Nanjundan Karthikeyan<sup>1</sup>, Ritesh G. Menezes<sup>2</sup>, Ponniah Thirumalaikolundusubramanian<sup>3</sup>**

Department of Emergency and Critical Care, Be Well Hospitals, Erode, <sup>3</sup>Department of Internal Medicine, Chennai Medical College Hospital and Research Center, Irungalur, Tiruchirappalli, Tamil Nadu, India, <sup>1</sup>Department of Emergency Medicine, Hamad Medical Corporation, Doha, Qatar, <sup>2</sup>Department of Pathology, Division of Forensic Medicine, College of Medicine, King Fahd Hospital of the University, University of Dammam, Dammam, Saudi Arabia

**Address for correspondence:** Dr. Subramanian Senthilkumar, Department of Emergency and Critical Care Medicine, Be Well Hospitals, Erode, Tamil Nadu, India. E-mail: maniansenthil@yahoo.co.in

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