Authors' reply

Sir,

We reviewed the comments in the letter to editor and would like to thank the author for his interesting questions. The author’s concern about the frequency of methemoglobinemia in acute aluminum phosphide (AlP) poisoning prompted us to search the Medline database using the terms “methemoglobinemia” and “aluminum phosphide and “poisoning” and found 4 papers in addition to our recent paper.\(^1\)\(^-\)\(^4\) Of these publications, one was a study using rats and not in human,\(^1\) 2 others were case reports,\(^2\)\(^,\)\(^3\) and one was series of 48 human cases.\(^4\) In the last paper,\(^4\) in written by authors in our institution, most patients did not have an elevated MetHb, though there was an association between metHb concentration and death.

The role of potassium permanganate, in producing methemoglobinemia, is unclear, but toxicity due to an oral exposure generally occurs following ingestion of saturated solution of potassium permanganate and not the diluted solution (1:10000) that was used in decontamination of our patient.\(^3\) As you know the potassium permanganate is poorly absorbed,\(^5\)\(^,\)\(^6\) gastric decontamination with potassium permanganate solution 1:10000 is highly unlikely to be a principal cause of methemoglobinemia unresponsive to the treatment.

The authors declare that they have no competing interests and source(s) of support.

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