

SUICIDE: PROBLEMS OF TREATMENT IN OPC POISONING

Dr Mrinal Jha, Ex- Resident, Forensic Medicine, GMC Patiala

Dr RK Gorea, Prof and Head, Forensic Medicine, Gian Sagar Medical College, District Patiala

Dr Rakesh Kumar, Forensic Medicine, Junior Resident, GMC Patiala

Dr AD Aggarwal, Assistant Professor, Forensic Medicine, MMIMSR, Mullana

Abstract

One of the common modes of committing suicide in developing country like India is by consuming poisons especially Organophosphorous compounds. The reason for choosing Organophosphorous compounds are inherent advantage of its easy availability and almost predictable results. The problems faced by physicians treating cases of poisoning are unique. Normally there is a delay in the part of the patient in reaching medical aid centre. Persons accompanying patient including the next of kin are often ignorant of the fact that which poison has been consumed. Sometimes relations do not speak of poison at all because of the fear of harassment by police or defamation of the family. Delay in getting correct history, provisional diagnosis, start of treatment and complications of treatment takes its toll on the lives of the patients by reducing the survival chance of patient. In this article a similar case is being discussed.

Keywords: Suicide, OPC Poisoning.

Introduction

Unfortunately as per WHO India has the second highest suicidal rate in the world. Annually 1.2 lac people end their lives every year, by committing suicide, at a rate of 98 per hundred thousand population, only second to China. Suicide is the third commonest cause of death in the age group of 15 to 44 years both sex combined, commonest cause being mental disorder particularly depression [1]. The problem of treatment is more bothering both for treating physician and specially the patient. Patient's relation try deliberately to misled the treating Doctor by giving wrong history like my wife cannot take poison, she took apple juice, or only one sip of the liquid was consumed, where as the lady may have consumed the complete bottle . Probably the relations are not at all concerned about the safety of the patient who happens to be their near and dear ones.

Case Report

On 2nd October 2008, at 10.25 AM a lady, 28-years-old, mother of two children and the youngest child being 1-year-old was

wheeled in the emergency department, with a history of accidental consuming of opc poison. As per husband, patient had consumed poison at 0930 AM, amount about 60 ml. On examination smell of poison was obvious. Patient was conscious but drowsy. Pinpoint pupils, not reacting to light. Sweating was obvious. On rapid systemic examination only fine crepitations were observed in right lower lung. Immediate IV Line was started. Inj Atropin was given and was repeated as per standard teaching. Stomach wash was started energetically till the returning fluid was absolutely clear. Pt was then shifted to ICU. On reaching ICU patient had a bout of vomiting followed by cardiac arrest, with no carotid pulsation. Luckily for the Patient anesthesiologist was present in ICU he started CPR, Inj. Adraline IV given, endo-tracheal intubation done, slowly the normal rhythm returned followed by tachycardia. Inj Xylocard 80 mg IV given, tachycardia was controlled. P O₂ started showing less than 70 %saturation. Tracheal and oral suction performed. Patient's voluntary respiratory efforts were not satisfactory and SpO₂ was not being

mentioned. Pt was then put on ventilator. Patient had high fever in the evening. In addition to Inj. Atropin, Intra-Venous antibiotic was started. Inj. PAM (2) specific antidote was started within 4 hours. ECG showed tachycardia with Left ventricular strain. X-Ray showed aspiration pneumonia, probably due to aspiration of vomit us. . Patient continued to be in mechanical ventilator for 11 days. There was always a swing between life and death. With the sincere efforts of medical and paramedical staff the patient recovered. The Patient was discharged on 13 October, 2008.

Discussion

Some interesting observations leading to, inappropriate treatment emerged from this case. This is problem is common in almost in all cases of poisoning.

(a) Delay: – Suicide a curses to human civilization. It is caused due to unsoundness of mind. Once such mishap happens, family members get upset. Panic sets in, wasting lots of time critical for patient's life. Probably in this case the lady had taken the toxic substance much early. If the patient had come earlier probably effects of toxicity would have been less.

(b) Cover up-The husband, trying to prove his innocence, misled the doctors initially. To distance from the incidence he said he was away on duty when the lady mistook the poison for apple juice. He confessed this after lots of persuasion. According to him his wife procured the mosquito killing poison from a neighboring family. He also told that since the lady had come from her native village recently and was literate she can commit such mistakes. Though, later we found out the lady was literate enough not to make such mistakes. Wrong history by the husband could cost patient's life.

(c) Medical Problems- Patient suffered from life threatening complications in addition to the inherent problem of poisoning e.g.

aspiration pneumonia, cardiac attest and fever. Intermediate syndrome which causes respiratory failure was not detected here, since patient was already on ventilator. Intermediate syndrome was described by the famous anesthesiologist of Sri Lanka Dr Senanayake, [3] though its mechanism is still obscure. Mechanical Ventilator is a must for treating OPC poisoning.

(d) Psychological Problem- Mind is as important as body. Care of mind is essential. Unsound mind leads to many problems and in extreme cases suicide. If the relations of patients miss the alarming signs of depression, like change of mood, depressing thoughts, attempts of suicide, problems result. After recovering from attempts of suicide patient must visit Psychiatrist to evaluate and to avoid further mishaps.

Conclusion

Each case of poisoning is a new challenge and management of poisoning is not at all an easy affair; though treatment is clearly mentioned in text books and is well established. Every poisoning case has a different outcome. OPC poisoning is one of the most challenging jobs for doctors. Leaving aside the sophisticated investigations like RBC Cholinesterase estimation, a proper ICU having mechanical ventilator with trained medical manpower is a must to combat OPC poisoning. Last but not the least proper education of general population is a must.

References

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