

# A Case of Diagnostic Dilemma

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DOI: <https://doi.org/10.52403/ijrr.20220603>

## ABSTRACT

Organophosphorus poisoning is common in India. Here we discuss a case presented in unconscious state who was later diagnosed to be organophosphorus poisoning with nicotinic manifestation in earlier stages.

**Keywords:** Organophosphorus poisoning, nicotinic manifestation

## INTRODUCTION

Organophosphorus poisoning is one of the most common poisonings worldwide.<sup>1</sup> An estimated 3 million or more people worldwide are exposed to organophosphates each year, accounting for 300,000 deaths.<sup>2</sup> Diagnosis of organophosphorus poisoning is challenging if patient presents in an unconscious state or no history of exposure to the compound.

## CASE DISCUSSION

An 18 year old male presented to causality in intubated state (was intubated in outside hospital in view of poor GCS and was treated as aspiration pneumonia). History from the parents revealed intake of soft drink and tablets from local pharmacy for abdominal pain which is later followed by unconscious state. Examination showed GCS-E4VTM5, and tachycardia with crackles in bilateral infrascapular area. Miosis was present with fasciculations. Neck stiffness was present. Haematological investigations showed raised TLC of 14900.so initially differential diagnosis of

meningitis, organophosphorus poisoning, seizure disorder (post ictal state) was made. He was initially started on atropine infusion, antibiotics along with steroids, antiepileptics. MRI brain, EEG and CSF analysis was normal. Patient had increased secretions on ET tube so atropine infusion was increased. His pseudocholinesterase levels came to be 101U/L (5320- 12920). Hence a diagnosis of Organophosphorus poisoning with Nicotinic feature predominance was made. Patient improved with atropine infusion and atropine dosage was tapered and stopped. Patient was weaned off from ventilator and discharged.

## CONCLUSION

Clinical features and laboratory investigations play an important role in young patients presenting with altered sensorium and with no definitive history suggestive of poisoning.

**Acknowledgement:** None

**Conflict of Interest:** None

**Source of Funding:** None

## REFERENCE

1. Kasper DL, Hauser SL, Jameson JL, Fauci AS, Longo DL, Loscalzo J. Harrison's principle of internal medicine. 20th ed. New York: The McGraw-Hill Companies. 2019:3310.
2. Peter JV, Sudarsan TI, Moran JL. Clinical features of organophosphate

poisoning: a review of different classification systems approaches. Indian J Crit Care Med. 2014; 18(11):735-45.

How to cite this article: Manokaran.C, Sravya Nadhella, Sathiyarayanan.J. A case of diagnostic dilemma. *International Journal of Research and Review*. 2022; 9(6): 18-19. DOI: <https://doi.org/10.52403/ijrr.20220603>

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