Methanol Poisoning in Bangladesh - A Deadly Case Series

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Background: Adulterated methanol is highly toxic and leads to severe metabolic acidosis, blindness and mortality is very high if not treated with specific antidote. The time of ingestions and severity of illness is very short and comprehensive quick assessment and care is crucial for survival of patient. The selective antidote Fomepizole is not available in Bangladesh and pure intravenous ethanol is also out of reach in health care facility. The oral ethanol has its legislative restriction.

Methods: From November 2012 to January 2013, in sphere of 3 months medicine units of Dhaka Medical College Hospital (DMCH) experienced 8 cases of methanol poisoning with fatality.

Results: Six patient presented in unconscious states within 3 to 7 hrs of consuming methanol while two patient presented within 48 hrs. All of them had gastrointestinal toxicity with variable episodes of vomiting. Three patients presented with visual impairment while only two out of eight had normal ophthalmoscopy. Respiratory distress was uniformly found in all patients before unstable profound shock. Blood ethanol level was not performed in any patient due to lack of available facility. Seven patients received only supportive measures ranging from steroids to sodium bi carbonate while one patient presented in severe toxicity and died quickly before any supportive measures. Antidote was not prescribed in any patient in the form of fomepizole or intravenous or oral ethanol.

Conclusions: Methanol poisoning is a severe form of poisoning and currently the physicians are not adequately trained enough to deal with quick assessment and prompt treatment in Bangladesh. The judicious use of antidote even in the form of oral ethanol and folic acid can save the precious life. A national guideline should be uniformly practiced by the physicians to combat the catastrophic methanol poisoning in Bangladesh.

Pulmonary Nodules Due to Brucellosis

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Objective: Brucellosis is a characterized zoonotic disease by multisystem involvement. Although musculoskeletal involvement is the most frequent case, the pulmonary system is rarely involved. Nodular involvement is one of the rarest among pulmonary involvements. This study presents a 21-year-old male with pulmonary involvement without any musculoskeletal system involvement and he was received a diagnosis in the early days of hospitalization.

Case: The patient had complaints of one-month-long cough and sputum production and he informed that he used different antibiotics. After the last center he went detected hypogonadism in the patient, he was referred to our hospital's endocrinology clinic. Physical examination showed fever: 37.2°C, nbc: 112 beats/min and findings in accordance with the hypogonadism and also late inspiratory crackles had been heard by auscultation. The captured chest radiograph indicated suspicious nodular appearance and suspected infiltrated area. The laboratory tests erythrocyte sedimentation rate: 41mm/1st hour (immunostatigraphy), C-Reactive Protein: 14.1, WBC: 4.08 x 10^3/ul. The patient stated that he was working as a village shepherd 1 month ago who did not suffer from significant weight loss nor fever. Detailed medical history stated that the last examination indicated brucella rosebengal positive, and the antiglobulin (coombs) test in brucellosis 1/160 was also positive. Although the sputum culture and tuberculosis acid fast stain were negative, the patient had a positive blood culture regarding brucella melitensis. The thorax CT image showed nodules in the lungs with the ground glass opacity and infiltrative image has been detected in subpleural area. There was nothing in bones scintigraphy. The patient was treated rifampicin 1x600 mg and doxycycline 2x100 mg for 6 weeks. Along with the treatment the patient's complaints disappeared, and post-treatment blood cultures was negative. Control thorax CT reveals disappearance of lesions in the lung area.

Conclusion: Anamnesis and disease suspicion are the most important things regarding diagnosis of Brucellosis.

Successful Treatment of Giant Endobronchial Hamartoma Inducing total Atelectasis of A Lung by Electrosurgical Snare via Flexible Bronchoscopy

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Benign pulmonary tumors are rare and represent only less than 1% of pulmonary tumors, of these, hamartomas are most common. Among them, Endobronchial hamartomas are rare and account for only for 1.4% of all pulmonary hamartomas. The improving techniques of therapeutic bronchoscopy have been replacing conventional surgery for resecting endobronchial benign tumor, although there are some limitations for performing, such as completely obstructing large-sized tumor. We report here a case of giant endobronchial hamartoma inducing total atelectasis of a lung, which was successfully treated with electrosurgical snare via flexible bronchoscopy. A 50-year-old male, presented with dyspnea, cough and sputum for 3 weeks. Chest radiograph revealed total atelectasis of the left lung. Chest computed tomography (CT) scan of the patient showed a mass lesion completely obliterating left main bronchus. An initial bronchoscopy revealed a large mass totally obstructing left main bronchus, and bronchoscopic biopsy was confirmed as endobronchially located hamartoma. Three sequential therapeutic (flexible) bronchoscopy were performed under the conscious sedation. An elongated tight mass was split and removed by piecemeal with electrosurgical snare-cutting method, and we discovered that the root of the mass was from the superior lingular segment. We removed the mass until the lingular bronchial passage was completely open. After endoscopic treatment, the left lung total atelectasis was improved little by little through several weeks. 3 months later, chest CT revealed that the left lung except lingula was completely recovered from atelectasis. One year after treatment, He is doing well without any complications. Flexible bronchoscopy with electrosurgical snare under conscious sedation could be a useful option for completely obstructing large-sized benign endobronchial tumors without significant risk.