CORRESPONDENCE

Methyl Alcohol Poisoning (Hooch Tragedy in Ahmedabad)

Vivek Kute*, Pankaj R Shah**, Aruna V Vanikar****, HL Trivedi****

Sir,

We read with great interest the report by Shah et al.1 The authors reported an interesting experience on Study of 63 Cases of Methyl Alcohol Poisoning (Hooch Tragedy in Ahmedabad) in 2009. We have reported our experience of the effectiveness of hemodialysis (HD) in methanol poisoning outbreak in Ahmedabad in 2009. The limitations of our retrospective study were that serum methanol concentrations were not performed near the end of HD to ascertain the adequacy of treatment. Data on methanol/ ethanol levels/osmolar gap were not available. Patients treated without HD were not included in the study.2 The mortality rate was low in our patients who received early and timely dialysis treatment similar to the other studies.1-4

1. We believe that with some additions, as mentioned below, scientific value and contribution of the article may increase to compare the severity of outbreaks in future.2-4 We believe that following information is needful

2. Mean ± standard deviation, median (range) for pH, anion gap, bicarbonate level, osmolar gap, potassium, hematocrit, hemodialysis duration (hours) and sessions, ethanol treatment duration, serum methanol and ethanol levels
3. Serum methanol and ethanol levels before and after conservative treatment
4. Serum methanol and ethanol levels before and after HD
5. Serum methanol and ethanol levels in survived and non-survived patients
6. Whether ocular toxicity correlates with serum methanol and ethanol levels and what were other predictors of ocular toxicity
7. What were predictors of mortality like serum methanol level, severe metabolic acidosis (pH), ventilator requirement and coma/seizure on admission?
8. Renal failure, electrolyte disturbance were indications of hemodialysis but how many patients had renal failure, what were reports renal function test and urine examination (for oxalate crystals) and what were etiology of renal failure. Renal failure is commonly observed with ethylene glycol poisoning.
9. What were serum calcium levels (to rule out ethylene-glycol associated hypocalcemia)
10. What were the electrolyte disturbances which required hemodialysis and whether they were associated with electrocardiogram changes
11. The high anion gap metabolic acidosis is commonly associated with hyperkalemia. What could be etiology for hypokalemia with high anion gap metabolic acidosis on ABG in the study patients?
12. What were findings on postmortem examination?
13. Whether acetaminophen and salicylate levels were done to rule out these common coingestions?

References

1. Shah S, Pandey V, Thakore N, Mehta I. Study of 63 cases of methyl alcohol poisoning (hooch tragedy in Ahmedabad). J Assoc Physicians India 2012;60:34-
