

Organophosphate Poisoning and Pancreatitis

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Acute pancreatitis is a rare and fatal complication of organic phosphate poisoning, and it has been reported in the literature that it is 13%, and excessive pressure increase in the pancreatic ducts and oxidative stress may cause pancreatitis. Amylase elevation is 30-40% in organophosphate poisoning. Pancreatitis diagnosis should be supported by lipase elevation, abdominal USG and tomography. The effectiveness of atropine in the treatment of pancreatitis is not clearly known.

A 17-year-old female patient was brought to the emergency room after drinking 1 liter of the agricultural drug fenthion (prestijR 50 en) 1 hour ago for suicide purposes. The patient's general condition was good, she was conscious, cooperative, her vital signs were stable, and there was no increased secretion. Other physical findings were normal. In the 2nd hour of her hospitalization, the patient had increased secretion in the mouth and her consciousness was confused, and 1 mg atropine and 2 grams of pralidoxime were started. The atropine dose was gradually increased. The initial pseudocholinesterase value was 234 (5400-13200 U/L) and other laboratory values were normal. The patient was admitted to the intensive care unit for follow-up and on the 5th day of his hospitalization, an increase in SGOT-SGPT values (21-44), amylase and lipase values (230-507) were detected. Abdominal USG showed minimal bleeding between

intestinal segments, and contrast-enhanced abdominal CT was normal. The patient was transferred to the internal medicine clinic for pancreatitis follow-up.

Patients should be closely monitored for pancreatitis, which is a fatal complication of organophosphate poisoning, and appropriate treatment should be initiated without delay in diagnosis.

Key words: organophosphate; pancreatitis; atropine

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