
Pulmonary Management in Aluminum Phosphide Poisoning

Sir,

We read the review article titled, “Thoughts on the current management of acute aluminum phosphide toxicity and proposals for therapy: An evidence-based review” by Farahani *et al.* with great interest.^[1] Authors

have well described the new treatment strategies for aluminum phosphide (ALP) poisoning including decontamination, emergency stabilization, and supportive care for cardiovascular, renal, metabolic, and electrolytes abnormalities.

Pulmonary complications have also been described in ALP poisoning that requires aggressive support.

Acute respiratory distress syndrome (ARDS) can supervene after 6–24 hours, requiring mechanical ventilation support.^[2,3] While the benefit of corticosteroids for ARDS is not established, they might be considered in ALP poisoning as adrenocortical insufficiency is described.^[4]

Pulmonary aspiration with chemical pneumonitis may occur, and secondary bacterial pneumonia requires antimicrobial therapy.

Pulmonary edema may exacerbate circulatory impairment and may require mechanical ventilation and positive end-expiratory pressure (PEEP).^[5] It may be noncardiogenic due to direct cytotoxicity and possibly small vessel injury, or there may be a cardiogenic component in some cases. It may manifest with oxygen desaturation, crackles or rales, and occasionally, pink frothy sputum.

Bronchodilators should be considered in the presence of bronchospasm with cardiac and electrolyte monitoring as arrhythmia or hypokalemia may be precipitated.

Central respiratory depression or ventilatory effort failure is rarely described but might complicate severe poisoning.

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Conflicts of interest

There are no conflicts of interest.

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