Letters to the Editor

Celphos Poisoning

Ahmad *et al.* have mentioned that magnesium sulphate was used as an antidote in Celphos (Aluminium phosphate) poisoning(1). However, a review of the literature on this subject states that there is no antidote against Aluminium phosphide(ALP) poisoning(2). A few reports have observed low serum magnesium levels and have used magnesium sulphate with limited success in ALP poisoning but so far there is no conclusive evidence to prove the role of magnesium sulphate(3). On the other hand, in an another study, statistically significant raised serum magnesium levels in ALP poisoning have been reported(4). We would like to know the authors' view about the concept of magnesium sulphate as antidotes.

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REFERENCES

1. Ahmad SH, Fakhir S, Gupta S, Singh RK. Celphos poisoning. Indian Pediatr 1991, 28: 300-301.
2. Siwach SB, Yadav DR, Arora B, Dalal S, Jagdish. Acute aluminium phosphide poisoning: An epidemiological, clinical and histopathological study. J Assoc Phys India 1988, 36: 594-596.
3. Sepaha GC, Bharani AK, Jain SM. Raman PG. Acute aluminium phosphide poisoning. J Indian Med Assoc 1985, 83: 378.
4. Singh RB, Rastogi SS, Singh DS. Cardiovascular manifestations of aluminium phosphide intoxication. J Assoc Phys India 1989, 37: 590-591.

Reply

We are in full agreement that there is no specific antidote for Aluminium phosphide (ALP) poisoning. Magnesium is known for its membrane stabilizing effect in cardiac cells(1). This property has been utilized to treat cardiac arrhythmias even in normomagnesemic patients in the past. Both *in vitro* and *in vivo* data support the hypothesis that magnesium supplementation can suppress myocardial irritability and tachyarrhythmias(2,4). Since ALP is known to produce myocardial toxicity and arrhythmias, magnesium sulphate has been used to treat this poisoning in a few cases with some success. In fact in one study carried out by Jain *et al.*(5), the success rate was very high. It has proved beneficial in preventing cardiac arrhythmias following ALP intoxication in experimental animals(6). We, therefore, used magnesium sulphate as a non-specific antidote to counter the cardiac toxicity in ALP poisoning. This may perhaps bring down the mortality in such cases.

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REFERENCES

1. Iseri LT, Chung P, Tobis J. Magnesium therapy for intractable ventricular tachyarrhythmias in normal magnesemic patients. West J Med 1983, 138: 823-826.
2. Tzivoni D, Keren A, Cohen AM, *et al.* Magnesium therapy for sade de pointes. Am J Cardiol 1984, 53: 528-530.
3. Iseri LT, Faushter RD, Hardemann JL, Broadsky MA. Magnesium and potasium therapy in multifocal atrial tachycardia. Am Heart J 1985, 110, 789-781.
4. Crampton RS, Clark CW. Varying extracellular Mg^{++} alters ischemic and reperfusion ventricular tachyarrhthmias. Circulation 1983, 68 (suppl): 111-146.
5. Jain SM, Bharani A, Sepaha GC, Singhvi VC, Raman PG. Electro-cardiographic changes in ALP poisoning. J Ass Phy India 1985, 33: 406-408.
6. Singh J, Tewari SG, Rabbani MU. Biochemical, histological and electrocardiographic changes of Aluminium phosphide toxicity and protective effect of Magnesium sulphate–An experimental study. Thesis submitted for M.D. (General Medicine), Department of General Medicine, A.M.U., Aligarh, 1991.

Neglected Foreign Body Larynx

Inhaled foreign bodies rarely become impacted in the larynx(1). These are almost always symptomatic and, therefore, neglected foreign bodies in the larynx are of rare occurrence(2).

A three-year-old child was brought with complaints of hoarseness, cough and dyspnea on exertion of three days duration. Examination revealed a healthy child with no signs of upper respiratory tract obstruction. A diagnosis of acute laryngitis was entertained. *X*-ray soft tissue neck lateral view revealed a radio-opaque foreign body just above the glottis (*Fig.*). On further interrogation, the mother revealed that the child has swallowed a stainless steel ring 4 months back. However, after an initial bout of cough and choking there were no other symptoms and no treatment was sought. the larynx was visualized under general anesthesia. A metallic ring of 12 mm diameter was found just above the right vocal cord firmly wedged in the right side between the true and false vocal cords. It was removed with ease, there being no foreign body reaction or bleeding during removal. The child was put on antibiotics and steroids for 5 days and made uneventful recovery.

Foreign bodies in the larynx are very rare and those in the ventricle of larynx as in the present case are unknown. The important symptoms of laryngeal foreign

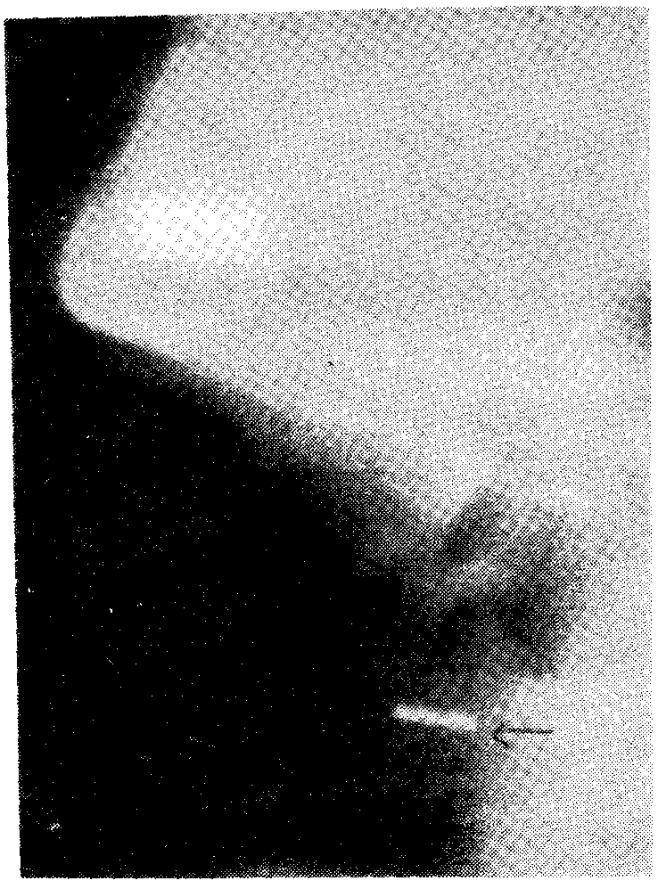

Fig. X-ray soft tissue neck showing foreign body larynx (metallic ring).