Author's response to reviews

Title: Methyl iodide poisoning presenting as a mimic of acute stroke: a case report

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Version: 5  Date: 20 January 2009

Author's response to reviews:

Sir,

We are extremely thankful for the very helpful review of our article on a case report of Methyl iodide poisoning presenting as a stroke mimic by Prof Barer and Dr Ellul. We have incorporated their advice and suggestions into the draft. In response to the suggestions and queries, we think the acute onset of neurotoxicity could have been related to a large accidental inhalational exposure, although it is difficult to actually quantify the exposure at worksites. The exact mechanism of neurotoxicity is debated but glutathione (GSH) depletion through methyl halide metabolism is hypothesized. It is also thought that methyl iodide through its high lipid solubility and effects on methylation of proteins and macromolecules result in neurotoxicity. The other poisons which behave similarly are monohalomethanes like methyl chloride, methyl bromide used as fumigants; toluene (glue sniffing) and rarely organophosphates though they have a different mechanism of toxicity. The ‘at risk’ population includes workers involved in its production, bystanders (general population) near areas of fumigation and workers involved in planting.

As to the query whether our patient had pulmonary irritation, he had transient symptoms of cough and SOB which improved before presentation to the hospital. In the case reports of neuropsychiatric sequelae, not all patients had all the neurological and psychiatric manifestations; some had psychiatric symptoms, and others had neurological deficits and psychiatric symptoms. Some of the patients completely improved after many months, others had persistent symptoms.

We have changed the table of stroke mimics as per suggestion to nervous system and non nervous system presentations.

What makes our case interesting and unique is the acute onset of neuropsychiatric presentation, which to our knowledge has not been reported. We hope that this case report helps in identifying and appropriately managing ‘at
risk’ population presenting with stroke like symptoms to hospitals in future.
All the kind suggestions have been incorporated into the final draft.

Many thanks and best wishes.
Kind regards

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