Reply to correspondence letter “Mercury in pediatric poisoning” by G. Guzzi

Nilgun Erkek

Received: 11 February 2010 / Accepted: 11 February 2010 / Published online: 4 March 2010
© Springer-Verlag 2010

Dear Editor,

I wish to thank Dr. Guzzi and colleagues for their valuable comments on our paper [1]. Both inorganic (Hg²⁺) and organic (methylmercury) mercurials cause rapid hemolysis [2]. In a study performed by Mojzis and Nicák, it was shown that hemolysis progressively declined in relation to the increased concentrations of Hg²⁺ [3]. We suspected inorganic mercury poisoning because our patient's blood mercury level was very high (5,380 µg/L), and the disappearance of hemolysis was rapid. Moreover, the clinical features suggested acute inorganic mercury intoxication.

Unfortunately, the technical equipment for the assessment of mercury red blood cell/plasma distribution that provides more accurate evidence to distinguish the inorganic mercury from the organic one is not available in our hospital.

Although DMPS is more specific for the treatment of inorganic mercury intoxication, we used DMSA because DMPS is not commercially available in our country, and our patient's G6PD test was normal.

References

1. Erkek N, Senel S, Sarac et al (2009) Being alive after a severe inorganic mercury intoxication. *Eur J Pediatr*. doi:[10.1007/s00431-009-1073-2](https://doi.org/10.1007/s00431-009-1073-2)
2. Ichikawa H, Ronowicz K, Hicks M, Gebicki JM (1987) Lipid peroxidation is not the cause of lysis of human erythrocytes exposed to inorganic or methylmercury. *Arch Biochem Biophys* 259:46–51
3. Mojzis J, Nicák A (1993) Differences in haemolytic action of Hg²⁺ in relation to its concentration and ionic strength of incubating solutions. *Physiol Res* 42:189–191

N. Erkek (✉)
Pediatric Intensive Care Unit, Dr. Sami Ulus Children's Health
and Diseases Education and Research Hospital,
Telsizler,
Ankara, Turkey
e-mail: nilzeyno@yahoo.com