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REPLY TO THE LETTER TO EDITOR

Tomas Salek^a, Petr Humpolicek^{b,c}, Petr Ponizil^{b,d}

^aDepartment of Clinical Biochemistry, Tomas Bata Regional Hospital in Zlin a.s., Zlin, Czech Republic

^bCentre of Polymer Systems, Polymer Centre, Tomas Bata University in Zlin, Zlin

^cPolymer Centre, Faculty of Technology, Tomas Bata University in Zlin, Zlin

^dDepartment of Physics and Materials Engineering, Faculty of Technology, Tomas Bata University in Zlin, Zlin

Corresponding author: Tomas Salek, e-mail: t.salek@bnzlin.cz

Dear Professor Sanaei-Zadeh,

Thank you for your letter of comment on the article "Metabolic disorders due to methanol intoxication". It is difficult to follow the logic of the first part of your comments. Changes obvious from the outset, has no meaning. The authors mentioned high levels of serum osmolarity and metabolic acidosis on page 1 along with reasons for measuring GFR and markers of cardiac damage. Naturally, treatment resulted in improved acid base dysbalance. The authors have also provided additional details to answer your questions as follows: all patients were

examined physically. This included hydration/dehydration assessment and all patients with a pH under 7.1 received Sodium Bicarbonate. Two only had clinical signs of dehydration but no AKI according to RIFLE criteria. Four patients were unconscious. This presented problems for us. Some of these had vomiting while the others were admitted on suspicion of alcohol intoxication. All had ophthalmological and neurological examination. Treatment with ethanol was followed by fomepizol in one patient. Treatment was closely monitored and end of therapy was determined according to serum methanol concentration. Missing data in Table 1: There were a large number of blood samples between the first and last sampling for each patient. Some patients had physiological results a few hours after treatment. For this reason, the physician did not order all the tests at the end of the hospital stay. Relation between methanol poisoning and ALT. Nearly all drugs and toxins can increase liver test results like ALT. Troponin. Cardiac troponin I and T are cardio specific. They are not released from any other organ. There were 2 patients with acute kidney injury. These had no clinical signs of dehydration. Myoglobinuria as a cause of AKI. The first patient with AKI had an alanineaminotransferase (AST) level of 0:51 ukat/L and negative urine strip test for blood. Clinically significant myoglobinuria was unlikely.

You are right, a sample size of 13 is very small for statistical conclusions. Unfortunately, methanol poisoning cannot be created to satisfy medical publications. We hope that some of your questions have been answered.