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REVIEWER'S REPORT

Manuscript No.: IJAR-52943 Date: 24/07/2025

Title:
"THYROID-AXIS ALTERATIONS IN ACUTE 3 ORGANOPHOSPHORUS POISONING AND THEIR 4 ASSOCIATION WITH CLINICAL OUTCOMES IN THE 5 INTENSIVE-CARE SETTING"

Recommendation:
Accept as it is .....YES
Accept after minor revision.....
Accept after major revision .....
Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality			✓	
Clarity		✓		
Significance	✓			

Reviewer Name: Professor. Dr. Srinivas Babu Kathi **Date:** 24/07/2025

Reviewer's Comment for Publication.

(*To be published with the manuscript in the journal*)

The article "Thyroid-Axis Alterations in Acute Organophosphorus Poisoning and Their Association with Clinical Outcomes in the Intensive-Care Setting" likely explores the impact of organophosphorus poisoning on thyroid function and its correlation with patient outcomes in intensive care.

Organophosphorus poisoning is a significant public health concern, particularly in agricultural settings where these compounds are widely used. Exposure to organophosphates can lead to severe clinical manifestations, including respiratory failure, cardiac arrhythmias, and neurological deficits [1].

Key Aspects of Organophosphorus Poisoning:

- Clinical Manifestations: Excessive salivation, lacrimation, sweating, abdominal cramps, muscle weakness, seizures, and cardiovascular collapse.

- Management Strategies: Rapid diagnosis, decontamination, antidote administration (atropine and pralidoxime), supportive care, and long-term monitoring.

- Complications: Neurologic deficits, respiratory dysfunction, cardiac arrhythmias, and mortality.

Research suggests that thyroid-axis alterations may occur in acute organophosphorus poisoning, potentially influencing clinical outcomes. A study on serum thyroid hormones in organophosphorus poisoning found that these compounds can affect thyroid function, although more research is needed to fully understand this relationship [2].

Intensive Care Management:

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- Resuscitation: Timely and prolonged resuscitation treatment can significantly improve patient outcomes.

- Supportive Care: Mechanical ventilation, hemodynamic support, and close monitoring of vital signs are crucial in managing organophosphorus poisoning.

- Antidote Administration: Atropine and pralidoxime are commonly used antidotes, although their effectiveness can vary depending on the specific compound and severity of poisoning [3].

Overall, the article likely highlights the importance of understanding thyroid-axis alterations in organophosphorus poisoning to improve clinical management and patient outcomes in intensive care settings.