

AUTHORS' REPLY

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Dear Sir,

We would like to thank the authors⁽¹⁾ for their interest in our paper and for sharing the results of a study of a similar nature that was done in Thailand from 2002 to 2004.

We would like to highlight that the main product category involved in paediatric poisonings in our study was oral medications, with antipyretics and analgesics accounting for almost 16% of total poisonings.⁽²⁾ In comparison to this, silica gels and mothballs only accounted for 9% of total poisonings. This is similar to what the authors have described, with antipyretic drugs being the commonest toxic cause of poisoning in their country.

We note the relatively high mortality rate (3.1%) in the authors' setting and think that this may be due to differences in time to presentation and the more hazardous nature of the toxic substances ingested in their population, as compared to ours. As they pointed out, these disparities are likely due to the different social and cultural backgrounds between the two countries. We think that these differences may also be attributable to the 5–10 year time gap between the conduct of both studies. As such, we suggest that continual research on this subject be performed to shed more light on the ongoing trends related to paediatric poisoning in both countries.

Lastly, we agree with them that prevention and prompt management of all cases of paediatric poisoning remain the two key cornerstones in reducing morbidity and mortality associated with this important public health problem.

Yours sincerely,

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