

ABUSE OF LEAD-CONTAMINATED OPIUM IN ADDICTS

We read with interest the recently published article by Meybodi and colleagues.⁽¹⁾ The authors evaluated 25 lead-poisoned patients with a previous history of oral opium abuse. They concluded that poisoning had been due to the lead-contaminated opium ingested by the patients and suggested that lead poisoning should be considered with high suspicion among opium users presenting with acute abdominal symptoms. Although an interesting case, some concerns have arisen while reading the article.

Firstly, lead-contaminated opium abuse and its resulting toxicity is a well-known topic previously discussed in several case reports and studies published from our region.⁽²⁻⁶⁾ Although some of these articles are in Persian, the authors of the present study are Iranian and should have mentioned these studies or reported cases in their own article. Secondly, in the Methods section, the authors mentioned that *"opium samples were analysed by the same laboratory that tested samples from the 25 patients to confirm the diagnosis"*.⁽¹⁾ However, one of the limitations of their study was *"We did not study the correlation between the severity of symptoms in our patients and the amount of lead ingested, as we could not obtain samples of the opium used to analyse the presence of lead"*. It is thus unclear whether the opium samples used by the patients were evaluated or not. Interestingly, if the authors had not, then how could they determine that lead poisoning in their patients had been due to the lead-contaminated opium? Did they exclude other possible routes of lead poisoning based on the information available from the questionnaires? Furthermore, the options in the questionnaire are not clear to the readers. It does, however, seem like the questionnaire included some questions about the signs and symptoms of poisoning, i.e. *"the questionnaire included questions pertaining to three distinct groups of manifestations or symptoms – constitutional, gastrointestinal and musculoskeletal"*.⁽¹⁾ Explanation of this ambiguous part may help the readers to better understand the concepts the authors intended to convey.

Yours sincerely,

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Editor's note: The authors, Meybodi et al, have not responded to the above letter.