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LETTER TO THE EDITOR

Response to the comment on: Methyl Alcohol Intoxication in İzmir

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We would like to sincerely thank our colleagues for their valuable comments and for the interest they have shown in our article entitled *"Methyl Alcohol Intoxication in İzmir."*[1] Their remarks provide an important opportunity to further clarify and contextualize our findings. Below, we address the points raised in their letter.

As highlighted in the comment, mortality rates in methanol intoxication vary widely in the literature, ranging from 3 to 48%.[2] In our study, the mortality rate was 53.3% (eight deaths and seven survivors), underscoring the seriousness of outbreaks caused by counterfeit alcoholic beverages.

Moreover, our results demonstrated significant associations between mortality and several prognostic factors, including radiological findings, vasopressor requirement, Acute Physiology and Chronic Health Evaluation II (APACHE II) score, and Glasgow Coma Scale (GCS) score. Mortality showed a positive correlation with APACHE II and vasopressor requirement, and a negative correlation with GCS. These findings are consistent with previously published literature and highlight the critical importance of early diagnosis and systematic risk stratification in predicting outcomes.

We thank the authors for drawing attention to the study published in 2022 that reported organ transplantation from a patient with brain death due to methanol intoxication. We acknowledge that this important report may have been overlooked during our literature review.

In our series, however, we reported a case in which both liver and kidney transplantation were successfully performed following methanol intoxication-related brain death. We believe that our study still contributes significantly by presenting a broader case series, analyzing prognostic factors such as radiological findings, vasopressor requirement, APACHE II score, and GCS score, and underlining the clinical relevance of organ donation in these tragic cases.

We agree with the authors' emphasis on early diagnosis and timely, aggressive treatment in reducing mortality. In our series, treatment modalities such as antidotal therapy, sodium bicarbonate, hemodialysis, and intensive supportive care were crucial for improving outcomes.

Equally important, patients who fail to respond to treatment must be carefully monitored for brain death in the intensive care setting. Once brain death is confirmed, organ donation should be considered in appropriate candidates. Both our study and the comment underline the relevance of this issue for clinical practice and public health.

In conclusion, we are grateful to our colleagues for their insightful comments, allowing us to further clarify the significance of our findings. We hope that our study will continue to contribute to the growing

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body of knowledge on methanol intoxication, not only in terms of diagnosis and treatment but also in raising awareness about the potential for organ donation in these tragic cases.

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