Objective
To present a case on methanol intoxication focusing on the challenges faced during diagnosis and the dilemma on initiating prompt treatment.

Case Presentation
35 years old Myanmar gentlemen presented to emergency department complaining of sudden onset of difficulty in breathing. Initial examination noted GCS level 14/15, bradycardia, and tachypnea with generalized expiratory ronchi. History revealed that he was exposed to aerosolized pesticide (KAYAK 505) for 3½ hours one day before in semi-enclosed area. His friends also claimed that he took unknown amount of home brewed alcohol one day earlier. Blood investigation showed severe metabolite acidosis with high anion gap, osmolar gap of 66 mOsm/L, blood glucose 9.4 mmol/dl and hyperkalemia. Initial treatment given was nebulizer, hydrocortisone, lytic cocktail and sodium bicarbonate. However, he became very restless overtime and required intubation for airway protection. The ronchi resolved after the nebulizer, but metabolite acidosis and hyperkalemia persistent despite treatment. The initial diagnosis was ethanol/methanol toxicity with differential organophosphate poisoning. He was then admitted to ICU. During hemodialysis, he developed refractory status epilepticus which required thiopentone coma to terminate the seizure. CT brain showed cerebral edema with tonsilar herniation. Blood for methanol level was sent but he succumbed to death on the following day.

Conclusion
This case poses challenges in diagnosis as he was exposed to two poisons at the same time but no definite poison level available at that moment. The most prominent clue lies on the high osmolar gap which is highly suggestive of toxic alcohol poisoning. On the other hand, no specific treatment was given at the early phase as there is still doubt on the diagnosis which contributed to his rapid deterioration. High index of suspicion and prompt empirical treatment during the initial phase will change the course of this case.