

Rare case of snake bite on face

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Abstract

Introduction: Snake bite is a major problem in rural India with more than 2 lakh snake bites being reported annually in India of which 35000-50,000 die. The lower extremities 59% were among the commonest part bitten followed by upper extremities amounting to 38.1%. Head, ear, back and buttocks accounted for the rest 2.9%. Snake bite is a common medical emergency faced mainly by rural populations in tropical and subtropical countries with heavy rainfall and humid climate. In the house: Snakes may enter the house in search of food or to find a hiding place for a while. If possible, try to avoid sleeping on the ground.² we report a case of snake bite on face.

Keywords: A.S.V., clinical manifestations, face, hematotoxic, oedema, snakebite.

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h/o any snake or insect bite. On examination child appeared sick and there was bleeding from gums and oral mucosa. Oral examination revealed snake bite mark over upper lip. The patient was restless and disoriented, with a GCS score of E4M3V2. General examination revealed: afebrile, pulse 124/min, BP 116/76 mm of Hg, no pallor, icterus, cyanosis, pitting oedema all over face. Other systems were clinically unremarkable. The following report were available the next morning: urea 27 mg/dl, creatinine 1 mg/dl, Na⁺ 136 m eq/L, K⁺ 3 meq/L, Hb 12.1 gm%, WBC 19,130/cu mm, Neutrophils 90% and Lymphocytes 10%, platelet 1.50 lakh/comm., Prothrombin time 38 seconds, INR 3.5 and APTT 55 sec. He was put on IV crystalloids and IV antibiotics. On suspicion of snake bite 10 vials of ASV were given. 2 units of FFP were given. On second day, patient had 2 episodes of vomiting containing blood. On third day oedema over face reduced associated with blackening of skin below eyes. On fourth day, Haematological parameters improved and oedema further subsided. Child became well over next 7 days and he was discharged in a stable condition.

CASE REPORT

A 12 yrs old male child, resident of Sanjay Nagar, Karad was admitted to our PICU at 3:45 am, with c/o swelling over face for last 4 hrs, acute in onset, started from upper lip and progressed to involve complete face, associated with severe pain and inability to open eyes. It started in the night at 12:45 am, when he got up from sleep due to some sharp pain over upper lip, but he never saw any snake nearby. He was sleeping outside his house, which was near to farms. There was no h/o ingestion of any drug, trauma and strangulation. Child couldn't speak because of severe swelling over face; relatives gave no



Figure 1: Photographs showing swelling over face in snake bite

DISCUSSION

When human beings intrude into the habitat of the other living creatures the results of the same are disastrous. Habitat of various species of snake is widely distributed across the country. The incidence of snake bite rises substantially in the monsoon season. The case being reported too occurred during this season. Venomous snakes are classified into two important families, elapidae and viperidae. Elapidae have short, permanently erect fangs and include cobra, krait, coral snakes and sea snakes. Cobra venom acts post synaptically while krait venom acts pre synaptically.² Viperidae on the other hand have long fangs folded up against the upper jaw which are erected when the snake strikes. This family consists of snakes like the typical vipers (Viperinae) and the pit vipers (Crotalinae). The Crotalinae have special sense organ called the pit organ situated between the nostril and the eye to detect warm blooded prey.² Snake bites are more common after rains, after floods, during harvest and at night.^{2,3} Many bites like the one in our case occur at night when the snake enters the house in search of its prey and people sleeping on the floor may be bitten. In many cases the history of a snake bite may not be forthcoming (as in the present case). Males are more often bitten than females, except where the work force is predominantly female (e.g. tea and coffee picking). The peak age for bites is children (WHO UNICEF, 2010) and young adults. Symptoms and signs vary according to the species of snake responsible for the bite and the amount of venom injected.² More than 90% of snake venom (dry weight) is protein. Venom contains large number (>100) of different proteins: enzymes (constituting 80-90% of viperid and 25-70% of elapid venoms), non-enzymatic polypeptide toxins, and non-toxic proteins such as nerve growth factor². Local symptoms and signs on the part involved: fang marks, local pain and bleeding, bruising, lymphangitis (raised red lines tracking up the bitten limb), inflammation (rubor, tumor, dolor, calor), blistering and local infection, abscess formation and necrosis⁴. ASV is specific antidote to snake venom actions. The exact dose of venom injected at the time of bite by the snake is not known; similarly the amount of ASV required to

neutralize the circulating venom cannot be detected clinically. Hence dose of ASV administered varies from doctor to doctor. However high dose of ASV does not have any added advantage over low dose⁵. Broad spectrum prophylactic antibiotics like cephalosporins should be used. If patient is hemodynamically stable, iv mannitol can be used to reduce oedema of involved muscle⁴. Snakes may enter the residential buildings in search of prey or to find a hiding place for a while. Do not keep livestock, especially chickens at your home, as snakes may come to hunt them. If possible, try to avoid sleeping on the floor. But in developing countries, it is not always possible. Person in such situations should use an insecticide-impregnated mosquito net that is well tucked in under the mattress or sleeping mat.² This case report highlights the importance of looking for fang marks from head to toe in alleged cases of snakebite. The possibility of bite marks being present at unusual sites must be kept in mind.

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