Extensive Tissue Necrosis in Snake Bite

Figure 1

Middle aged Egyptian worker with no past medical history presented to ER with history of snake bite of two days duration. Clinical examination revealed he was tachypnic, tachycardia, restless, hypotensive and incoherent. He had dusky discoloration of body and higher mental functions were grossly deranged. Chest X-Ray, ECG, USG abdomen were unremarkable. ABG revealed metabolic acidosis. LDH was markedly increased and FDP were positive multiple echymotic lesion all over the body (Figure 1).

Local examination of the thigh revealed extensive tissue necrosis, purplish discoloration and peeling of superficial skin (Figure 2 & 3). Investigations revealed anemia, mild leucocytosis and thrombocytopenia. Kidney functions revealed acute renal failure, APTT, INR.

Patient was managed in ICU with fluid challenge, oxygen, epinephrine. He was given polyvalent anti-snake venom, anti tetanus toxoid and prophylactic antibiotics. coagulopathy was managed with fresh frozen plasma and platelet transfusion. Catheterization revealed 150 cc urine.

Reprint request:
Dr. Ajaz Nabi Koul
Assistant Professor
Department of General Medicine
SKIMS, P. Box 27, Srinagar-190 011.

Figure 2

Figure 3

Despite this patient started bleeding from gingival and had coffee ground vomitus. He was given I.V. pentaprazole and blood transfusion was arranged

Patient desaturated in next 6 hours and needed ventilation. subsequently patient became more hypotensive and was started on pressor support in form of dopamine. He started dropping his BP despite escalating doses of pressors. Patient arrested from which he could not be resuscitated.