

EFFECTIVENESS AND SAFETY OF SNAKE ANTIVENOM: A CASE REPORT



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PURPOSE

To describe the effectiveness and safety of snake antivenom in viper bite.

MATERIALS AND METHODS

A 44-year-old male patient affected by a viper bite in the third phalanx of the right upper limb visits the hospital Emergency Room. In the Outpatients Clinic, physicians have administered steroids, antihistamines and analgesics.

They contact with toxicology and indicate observation for 24 hours. On arrival at the hospital the patient is conscious, oriented and in good general condition but presents great edema in the distal forearm and painful hand on palpation. It does not present bleeding vesicles, nor focal points of bleeding in other locations. Neither signs of local infection nor areas of necrosis. As it passes by observation begins with nausea and sweating. Tetanus vaccine, intravenous analgesia and antibiotic therapy are administered. Blood analysis showed mild leukocytosis (10,250 cells/mm³) and thrombocytopenia (60,000 cells/mm³) with normal blood count. Toxicology is again consulted and recommend the administration of venom antiserum.

RESULTS

We verified that the patient complies with indication of degree II poisoning: local edema that extends through the bitten limb with/without systemic symptoms (vomiting, diarrhea and low blood pressure). Antiserum is administered after premedication

with antihistamine and corticoid after 5 hours of bite. At 2 hours of administration, it presents great improvement with decrease of edema and absence of pain. The next morning, the edema has improved with respect to his arrival in the emergency department. The analytic continues to show leukocytosis (11,830 cells/mm³). In this situation it is again contacted with Toxicology which recommends repeating the dose of the antidote. After 24 hours of the bite a second dose is administered without incidences and with decreased edema. After 6 days of admission with good evolution the patient is discharged with analgesia and indication of elevation of the affected limb.

CONCLUSIONS

Although the snake antivenom is expressly indicated in european viper species (*Vipera aspis*, *V. verus* *V. ammodytes*), the most common species in our environment is the snouty viper (*Vipera latastei*). The use of venom antiserum in this patient has effective and safe results.

