

Successful Treatment Of Hand Ischemia From Jellyfish Envenomation With Iloprost And Heparin Infusion

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INTRODUCTION:

Jellyfish envenomation is a common cause of marine injuries. Although most of jellyfish stings are benign, there are venomous species that account for severe morbidity.

REPORT:

An 8-year-old Malay boy presented with history of pain and swelling over left hand after alleged sting by jellyfish in Batu Ferringhi beach. Physical examination reveals erythematous patches over the skin associated with few blisters and swelling and pain on passive stretch test. Lateral 3 fingers appeared dusky with capillary refill time 2-3 seconds and oxygen saturation was undetectable by pulse oximetry. Surgical fasciotomy with compartment release was performed. Intraoperative finding was subcutaneous tissue edema with no myonecrosis. Despite fasciotomy, there was worsening of distal circulation. Urgent CT angiogram was ordered. Patient was subsequently started on Intravenous Heparin infusion and GTN patch. IV Iloprost was added 2 days later to improve distal blood flow. After 7 days of treatment of Iloprost, the fingers appear pink with two seconds capillary refill time, return of strong pulses and pulse oximetry detection of 99 percent.

Figure 1: Initial presentation and post fasciotomy wound



Figure 2: CT Angiogram showing non opacification of deep and superficial palmar arches



The venom of the Jellyfish causes local and systemic inflammatory response on soft tissue and neurovascular bundle with platelet aggregation leading to thrombosis. Local vasoconstriction from soft tissue edema leads to compartment syndrome. Early surgical intervention and vasodilating agent is key role in management.

CONCLUSION:

Jellyfish envenomation is a potential life-threatening medical emergency. Immediate first aid and close monitoring is very crucial for early recovery.

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