

Snake Bite - From Bad to Worse

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INTRODUCTION:

Snake bite is associated with various complications. Secondary infections such as necrotizing fasciitis (NF) following snake bite is not common, however, it can be seen in cobra and viper bite as their bites lead to tissue necrosis, promoting the secondary infection⁽¹⁾.

REPORT:

A diabetic, demented and partially dependent 67-year-old gentleman was immediately brought to Emergency Department (ED) post snake bite over his right foot. Witnessed by his son, but he was unable to recognize the snake type. A Medical Expert in snake bite was consulted by ED team and he identified the snake as cobra. Subsequently, patient was given antivenom and Intravenous Unasyn. Subsequently he was admitted and referred to Orthopaedic team for swelling observation.

Generally, he appeared lethargic and delirious. He was also tachycardic and febrile. On local examination of right lower limb, there was a fang mark on dorsum of forefoot surrounded by blisters. The foot was swollen, warm and tender until ankle. No crepitus felt. Initial blood investigation only showed leukocytosis. No gas shadow appeared in plain radiograph.

Nevertheless, the skin condition and the blood septic parameters worsening rapidly. Diagnosis of NF was made, subsequently, emergency wound debridement was done. The diagnosis is confirmed intraoperatively.

Post operatively, he was recovering well. His wound was clean with healthy granulation tissues. He was discharged after completed a course of intravenous antibiotic. Currently he is still under our follow up for his wound.



Figure 1: Right to left shows worsening skin



Figure 2: postoperative wound

CONCLUSION:

Venomous snake bite can lead to severe secondary infections hence patient should be monitored 24-48H post bite⁽²⁾ Prophylactic antibiotic usage is controversial due to bacterial resistance, but some studies suggested initiation of broad spectrum antibiotics to combat the secondary infections⁽¹⁾.

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