

Title: Sudden Death after a Snake Bite

Pınar Baydar Yücel , Firas Arda Dönmez, Mustafa Polat, Ali Karakuş*

Hatay Mustafa Kemal University, Faculty of Medicine, Emergency Medicine, Hatay, Turkey

Corresponding author: Ali Karakuş. Hatay Mustafa Kemal University, Faculty of Medicine, Emergency Medicine, Hatay, Turkey.

Received Date: January 27, 2025; Accepted Date: February 05, 2025; Published Date: February 10, 2025

Citation: Pınar Baydar Yücel ,Firas Arda Dönmez, Mustafa Polat, Ali Karakuş. (2025) Sudden Death after a Snake Bite. *Biomedical Research and Clinical Reviews*, 10(2); Doi: 10.31579/2692-9406/200

Copyright: © 2025 Ali Karakuş, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

It is known that snakes, which are important in ecological balance, have approximately 3500 species in the world. It is known that 1/10 of these species are venomous. It is reported that about 2.5 million people are bitten by snakes every year in the world and 125,000 of them result in death. Edema, haematoma and gangrenous lesions are seen as local symptoms after venomous snake bites, while fever, nausea vomiting, circulatory collapse, convulsion and coma are seen systemically. The best treatment is antivenom application and wound care.

A 48-year-old female patient was brought to our emergency room after being bitten by a snake on the left hand while picking olives in the garden, 112 teams were called due to fainting. The teams started cardiopulmonary resuscitation (CPR) when the patient had no heartbeat, and CPR was performed at the scene for 20 minutes and then CPR was performed and brought to our emergency room. The patient has no known comorbidities or medications. In physical examination, consciousness was closed, pupil reflexes could not be taken, diffuse edema and mild ecchymosis on the left arm, there was a tooth mark on the dorsal side of the left hand and the arm was tied with a rope. The patient who came to our emergency service without a peak heartbeat CPR was continued, airway endotracheal tube was inserted, femoral catheter and vascular access was opened from the right arm, 2 vials of antivenom in our service were given intravenously, adrenaline and hydration were started. In the laboratory results obtained on arrival; haemoglobin 10.7g/dl (11.9-14.8), haematocrit 30.8% (35-43%), platelet 72,000 (142,000-365,000), pH 7.14 (7.35-7.45), lactate 11.8mmol/l, troponin 0.16ng/ml (0-0.045), AST 85U/L (0-40), ALT 92U/L (0-49), LDH 539U/L (120-246), Na 140mmol/l (135-145), K 6.5mmol/l (3.5-5.1). The patient who had ventricular fibrillation rhythm 5 times in total was defibrillated. Amiodarone 300 mg and 150 mg were administered. The patient was intervened for 75 minutes and was accepted as exitus.

Venomous viper snakes are most commonly seen in the Southeast, East and Eastern Mediterranean regions. Their venom is very severe and sudden increase in fever, pallor of the skin, sudden hypotension, internal bleeding, cardiac arrest and death are observed as a result of the bite.

Key words: snake bite; fainting; cardiopulmonary arrest

References

1. Vural T, Ketenci HÇ, Reyhan U. (2024). Çay bitkisi toplarken yılan ısırığına bağlı gelişen ölüm olgusu. J For Med 38(1):76-79
2. Şahan M, Taşın V, Karakuş A, Özcan O, Eryiğit U, Kuvandık G. (2016). Evaluation of patients with snakebite who presented to the emergency department:132 cases. TJTES: Ulus Travma Derg.;22(4):333–337.
3. Karakuş A, Zeren C, Celik MM, et al. (2015). A 5-year retrospective evaluation of snakebite cases in Hatay, Turkey. Toxicology and Industrial Health 31(2): 188-192.
4. Richard C. Dart, Herman F. Gomez, Frank F.S. (2000). Daly: Reptilebites. Tintinalli JE, Kelen GD Stapczynski JS. (ed) Emergency Medicine: A comprehensive study guide. 5th edition, McGraw-Hill, North California, USA. 1251-1256
5. Büyük Y, Koçak U, Yazıcı YA, Gürpınar SS, Kır Z. (2007). Yılan ısırığına bağlı ölüm. Türkiye Klinikleri J Foren Med. 4:127–130.