

Scorpion Sting and Creatine Kinase Elevation

Yaser Kaplan, 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: **October 25, 2024**; Accepted date: **October 31, 2024**; Published date: **November 12, 2024**

Citation: Yaser Kaplan, Mustafa Polat, Ali Karakuş, (2024), Scorpion Sting and Creatine Kinase Elevation, *Archives of Medical Case Reports and Case Study*, 9(2); DOI:10.31579/2692-9392/216

Copyright: © 2024, Ali Karakuş. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Scorpion Sting and Creatine Kinase Elevation

Dear Editor,

Scorpion sting cases are frequently encountered in emergency services. Generally speaking, it rarely causes serious toxicity, while local findings are more common. A 21-year-old male patient presented with a scorpion sting on the 2nd finger of his right hand. The patient was conscious, cooperative and oriented, blood pressure: 110/80, pulse: 80, spo2: 98, ss: 15. In the physical examination, there was redness and pain in the 2nd finger of the right hand, and paresthesia in the right arm. The patient with a TAP test of + was accepted as stage 2. Vascular access was established. Blood samples were taken, ECG was taken and the patient was monitored. Tetanus, hydration, analgesic, wound cleaning and 1 vial of scorpion serum were started. The first laboratory findings were normal. In the blood samples taken at the 4th hour, LDH: 476 U/l CK: 774 U/l CK-MB: 100 U/l and high were detected. Other parameters remained normal. The patient, whose pain did not completely go away and who had high CK, was taken for follow-up in the emergency observation room. A Foley catheter was inserted to monitor urine output. At the 8th and 12th hour controls, the patient's CK values were high at 923 U/l 1880 U/l and 1 vial of scorpion serum was given again. CK-MB was 49 U/l 76 U/l LDH:294 U/l 246 U/l. And the treatment was continued with analgesia and hydration. As of the 3rd day, while other parameters were normal, CK values also started to decrease. As of the 5th day, the patient was discharged after the CK value was 600 and local findings improved. The patient was called for a check-up on the 7th day, and his CK value came within normal limits and his follow-ups were terminated as he had no complaints.

In cases presenting with scorpion stings, staging should be done quickly and appropriate treatment should be started. It should be kept in mind that it can also progress with isolated CK elevation. In such patients, aggressive fluid therapy and scorpion serum should be applied without delay in necessary cases.

Key words: scorpion sting; creatine kinase; fluid therapy; scorpion serum

References

1. Karakuş A., Şahan M., Kömür M., Yılmaz HL., Yıldızdaş D. (2012). Heart Failure and Priapism Due to Scorpion Sting, *Medical Research Journal*: 10 (2): 72-74.
2. Karakuş A, Arica V, Çelik T, Tutaç M, Zeren C, Arica SG. (2013). Death Due to Scorpion Sting: Child Case Report. Death due to scorpion sting; Child case report. *Southern Clinics of Istanbul Eurasia- Kartal Education Research Journal*; 24(1): 50-53 ulakbim.
3. Karakuş A, Arslan G, Çalışkan K, Kaya E, Duru M, Kekeç Z. (2014). Thrombocytopenia and leukopenia due to scorpion sting; Case report. *Harran University Medical Faculty Journal*; 11:53-54.
4. Başarslan F., Arica V., Tutaç M., Yılmaz C., Yılmaz N., et al., (2010). Myoglobinuria Developing After Scorpion Sting: Case Report, 54th Turkish National Pediatric Congress, 1st Turkey-Iran Pediatric Meeting, 9th National Child Nursing Congress, 20-24 October Antalya.
5. Duru M, Karakuş A, Yengil E, Sahan M, Zeren C, et al., (2013). Demographic, clinical and laboratory characteristics of cases presented to emergency department with scorpion sting: 345 cases over a 4-years period. *Acta Medica Mediterranea*, 29:611-616.
6. Kaya S, Karakurt C, Elkiran O, Kaya OA, Karakuş A, et al., (2012). Evaluation of Scorpion Sting Cases Administrated to Pediatric Emergency Department for Seven Years. *European Society for Emergency Medicine (EuSEM), EuSEM 2012 7. European Congress on Emergency Medicine, 8. Emergency Physicians Association of Turkey (EPAT), National Emergency Medicine Congress Antalya, Turkey, 3-6 October.*
7. Karakus A, Çalışkan K, Kuvandık G, Ozcan O, (2016). Duru M and Celik M. Electrical Injuries and High Levels of Serum Creatine Phosphokinase Activity. *Austin Emerg Med*; 2(2): 1011.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article, Click Here: [Submit Manuscript](#)

DOI:[10.31579/2692-9392/218](https://doi.org/10.31579/2692-9392/218)

Ready to submit your research? Choose Auctores and benefit from:

- ❖ fast, convenient online submission
- ❖ rigorous peer review by experienced research in your field
- ❖ rapid publication on acceptance
- ❖ authors retain copyrights
- ❖ unique DOI for all articles
- ❖ immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more www.auctoresonline.org/journals/archives-of-medical-case-reports-and-case-study