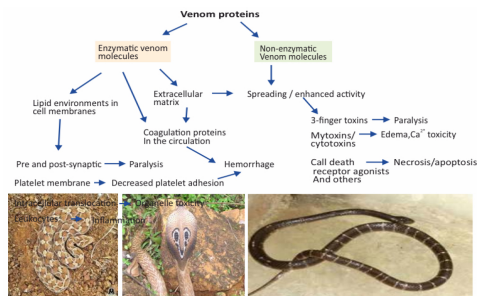


INTRODUCTION

Snakebite is a rare event during pregnancy but a large series of hospital admissions from India reported 1% rate of snakebite. Snake venoms are primarily composed of mixtures of proteins and polypeptides with various properties. Action of snake venom can be classified as hemotoxic, cytotoxic, neurotoxic and inflammatory. Possible adverse obstetrics outcome after envenomation include teratogenesis, spontaneous abortion, APH, DIC, preterm labour and IUD.



OBJECTIVES

To review a case of snake bite envenomation during pregnancy.



References :

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CONCLUSION

Prompt treatment with antivenom and adequate blood products is vital in saving the mother incase of snake envenomation. Timely delivery of the fetus is important .

CASE REPORT

A 26 year old G2P1L1 at 34 wks of gestation was referred to our facility with history of snakebite and right hand swelling since 1 day. She received 10 vials of polyvalent anti-venom at the peripheral facility. O/E, general condition was fair, afebrile, mild pallor, anicteric, PR-106bpm, BP-100/70mmhg, Spo2-97% on room air, S1S2 were heard and normal. RR-22cycles/min and the chest was clear clinically. On P/A examination- uterus corresponded to 34wks, FHR-140bpm. On P/V examination, cervix-3cms dilated, 30% effaced. She was maintaining a u/o of 70ml/hr with hematuria. On L/E right hand was swollen and tender with discolouration of surrounding skin. There were no bleeding manifestations; muscle tone and reflexes were normal. No evidence of ptosis or paralysis. Lab inv revealed Hb 9.0gm/dl, Wbc-13,500, plt count-1.44. 20 mins bedside CT was prolonged, BT-10mins, CT-12mins. PTINR was also prolonged (PT-24.30, INR-1.75), APTT was 40secs. 20mins whole blood CT was repeated hourly for first 3 hours and every 4 hrs for remaining 24hrs. RFT and LFT were within normal limits. Usg suggestive of SLIUF of 34wks, longitudinal lie, cephalic presentation with no abruptio placenta and placenta previa. Patient was shifted to labour room and was started on antibiotics . Anti-venom was continued in a dose of 5 vials 6 hourly until the bedside clotting time was normal. The bite site was cleaned and dressed. 1 pint PCV and 2 FFP were transfused . Intrapartum period was uneventful. Labour progressed spontaneously and subsequent vaginal delivery. Male baby weighing 2.50 kg was born . Baby cried immediately after birth. No specific clinical or laboratory effect of snake venom or anti-venom were seen in the fetus or neonates. Magnesium sulphate dressing of the swollen hand was done twice daily . Bleeding time and clotting time were done twice daily and PT-INR , APTT , CBC were repeated every day till within normal limits. Postpartum period was uneventful and the patient was discharged on day 7.

DISCUSSION: Snake venom contains more than 20 different compounds, mostly proteins and polypeptides. The pro-coagulant enzymes of viperid & elapid venoms include digestive hydrolases, phospholipases, thrombin- like pro-coagulant, kallikren-like serine proteases that deplete the body's clotting factors and eventually leads to consumption coagulopathy.