Comparing Clinical Profiles of Viper Bite in Adults and Children

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Aim: To familiarize physicians with differences in clinical profiles of viper envenomation among adults and children as in many rural settings a Pediatrician may not be available.

Material and Methods: A retrospective analysis of 15 cases of snake bite presenting serially at our hospital over a 30 month period comprising 7 pediatric (age ≤ 10 years) and 8 adult patients. All snakes identified as vipers on following basis: killed and brought to hospital - 7, description - 6, based on clinical profile of envenomation - 2.

Results: History of bite was not forthcoming in 2 children (fang marks seen). Time to present at hospital was longer in children than adults (2/7 vs. 7/8 - < 30 mts). All children had florid and rapidly increasing local as well as systemic manifestations (vomiting - 7, tachycardia - 6, obtundation - 1) at presentation as compared to adults (local 3/8, bradycardia 1/8). Clotting time (CT) was markedly deranged in all children (> 24 mts) on presentation while it varied in adults (normal - 4, 11-20 mts - 2, 31-40 mts - 2). Local signs resolved over 2-7 days (both groups), all pediatric systemic manifestations resolved in < 36 hours. CT normalized within < 24 hours in most cases (5/7 children and all adults) and in < 36 hours in all cases. Serum biochemical parameters (SGOT, SGPT, Urea, Creatinine) were deranged in 3/7 children only. Polyvalent anti snake venom (ASV) was used in all children and 7/8 adults (1 adult had no signs of envenomation). Initial dose was 15-20 vials in 6/7 children and 4/7 adults. All children required minimum 3 doses of AV while only 4/7 adults needed a second and 1/7 adult required > 2 doses. Total ASV used was more in children than adults. All children had reactions to ASV (fever and rigors at 2-3 hours post ASV) despite premedication, while anaphylaxis and cellulites were seen in 1 adult each (no premedication used).

Conclusion: Children often present late without history of snake bite; manifest severe envenomation requiring higher total dose of ASV and react to ASV despite premedication. Non-poisonous snake bites in an area may be low. Physicians should be familiar with these differences.

Chloroquine Resistance in Malaria: Current Status

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Object: To study the sensitivity status Chloroquine in P falciparum and P. vivax in Kolkata.

Methodology: Chloroquine sensitivity test was performed in 480 falciparum and 882 vivax malaria cases at the School of Tropical Medicine, Kolkata and the KMC between January’97 and Jan.’04.

Results: All 882 vivax cases were fully sensitive to chloroquine. 64 out of 480 falciparum cases i.e. 13.33% were resistant to chloroquine. The degree of resistance was R-I in 48 cases (10%), R-II in 16 (3.33%).

Conclusion: Chloroquine remains the Drug of Choice for uncomplicated Malaria in Kolkata. Suboptimal doses and prophylactic use are not recommendable.

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