



TRANSFORMING TOXICOLOGY LANDSCAPE FOR SAFER AND SUSTAINABLE TOMORROW

## POSTER PRESENTATIONS

### **ID-P#097] Fatal Outcome in a Patient with Snakebite History Treated for Acute Coronary Syndrome:**

Implications of Antiplatelet Therapy and Enoxaparin-Induced Internal Bleeding

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**Introduction:** Snakebite is a common medical emergency in Sri Lanka. ECG changes after a snake bite, especially with coagulopathy will lead emergency physicians into a puzzle. Environmental exposures such as bees, wasp stings, and poison ivy are known to induce Kounis syndrome. Acute coronary syndrome (ACS) in snakebite appeared to be a rare probability.

**Case history:** A male, 51 years of age, presented with chest pain, sweating, shortness of breath, and faintishness, following a snake bite that occurred three hours before admission. Two fang marks were identified. ECG showed ST segment depression on LIII, AVF, V5 and V6. Patient was treated with aspirin 300 mg, clopidogrel 600 mg, and enoxaparin 60 units. The repeat WBCT became positive and antivenom serum (AVS) was administered several times without significant complications. The patient's condition gradually deteriorated within 24 hours and he died on the seventh day. An autopsy revealed fang marks on the left heel. The heart was flabby with bleeding into the left ventricular myocardium including papillary muscles. The coronary arteries were patent. Lungs were edematous and congested with left lower lobar pneumonia. The brain was edematous and herniated. An ICH in the left occipital lobe bursts into the ventricular system and subarachnoid space. Hemorrhages were present in the liver, both kidneys, and supra-renal glands.

**Discussion and conclusion:** The pathetic situation of this patient is postmortem finding for ACS is not due to atherosclerotic plaque. It is confirmed that the case history and autopsy findings are suggestive of Russell's viper bite exacerbated by cumulative effects of antiplatelets, enoxaparin, and consumption coagulopathy due to envenoming results in multiple internal hemorrhages associated with hospital-acquired pneumonia. We proposed coronary angiogram must be performed in a situation like this.