[ID-P#150] Viper bite induced ischemic stroke: A Case Report

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We present an unusual complication of Viper envenomation, which occurred in our emergency department. A 60-year-old female patient came to ED with A/H/O snake bite over left foot over lateral aspect 45 mins back. Patient was walking through the road and accidentally stepped over the snake and it has bitten her over the left foot, patient gives history of oozing of blood from the bite mark. Brought to ED in conscious oriented state.

On initial assessment, the patient seemed fine with a patent airway & stable vitals, the bite site was also devoid of any severe signs of local envenomation. Two bite marks present over lateral aspect of (L) foot ECG-Normal Sinus Rhythm. No known drug allergy, no other significant past medical or surgical history Last meal 4 hrs back. The head to toe as well as general systemic examination was normal. No lymphadenopathy was noted. 20mins WBCT Clotted in 20 mins —3 samples took 1 hour apart. Patient was admitted in MICU after 3 hours from ED patient shifted to MICU. After 6 hours of the bite patient desaturated and became drowsy. Patient had an episode of vomiting And patient developed an episode of seizure, patient had tongue bite and bleeding from tongue was uncontrolled.

Patient was intubated in view of poor GCS (E1V2M4) & impending respiratory arrest WBCT did not clot in 20 mins: Sample taken 6 hours after the bite Patient was given 10 vials of ASV in 500ml NS over 1 hour.Investigations revealed a progressive fall in Hb, and platelets and a rise in total count as well as INR values, creatinine. CT Brain was taken which showed: Acute changes involving cortical subcortical and deep white matter of posterior right parieto-occipital lobe, bilateral fronto-parietal lobes, bilateral cerebellar hemisphere, midbrain on right, pons medulla and bilateral middle and inferior cerebellar peduncles – PCA territory and bilateral PC A-MCA watershed area, Ill defined hypodense area noted in bilateral thalami with extension of hypodense area in the right thalamus into posterior limb of right internal capsule—suggestive of artery of Percheron infarct.