

Death by Venom ; Role of TIVA for multiple snake bit envenomation

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Introduction

Snakebites are associated with high incidences of mortality and morbidity. The King Cobra (*Ophiophagus hannah*) is a snake commonly found in the South East Asian region. *Ophiophagus hannah* envenoming produces potentially fatal effects like local tissue necrosis, neurotoxicity and cardiotoxicity. We present a case of *Ophiophagus hannah* envenoming causing significant local tissue necrosis leading to overwhelming sepsis with multi-organ failure. This case report intends to illustrate and discuss the role of Total Intravenous Anaesthesia in the management of severe snake envenoming.

Report

A 32-year-old male fire fighter with a history of anti-venom allergy and multiple hospital admissions for snake bite was admitted to the ICU after an alleged snake bite over the right forearm. He developed swelling and necrosis locally and neurotoxicity which required ventilator support. He was treated with anti-venom and intravenous antibiotics, however the necrosis rapidly progressed causing sepsis with multi-organ failure and compartment's syndrome. This prompted a surgical debridement under total intravenous anaesthesia (TIVA) in view of patient's unstable condition. He subsequently developed rhabdomyolysis and Disseminated Intravascular Coagulation (DIC) leading to a consumptive coagulopathy requiring transfusion of blood products. Despite aggressive management however the patient succumbed to his illness on the third day of admission.

Results

There are various systemic effects due to snake venom that can complicate while administering anaesthesia to these patients, there is a significant risk. Hence the option for total intravenous anaesthesia in this patient. Total intravenous anaesthesia is suitable for patients which are hemodynamically unstable.