

A CRITICAL CASE STUDY: AN ICU PROFILE TESTS CHANGE IN A PATIENT WHO IS SUFFERING FROM SNAKE BITE, VOMITING WITH BLOOD, HEADACHE AND WEAKNESS.

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ABSTRACT

We report here a case of patient who is suffered from snake bite, vomiting with blood, headache, and weakness. Around the world, snakebites address a genuine weight, particularly in the most unfortunate and most immature locales all throughout the planet, where both numerous individuals work in the Diary Pre-verification rustic region, in contact with these creatures, and the admittance to medical care is the most troublesome because of monetary and social perspectives. A 50-year-old female presented with headache since three days, and snake bite since 13 days and vomiting since three days. She had a history of off no headache when snake was bite but after 10 days, she has headache and weakness. After two days snake bite she was well at time, place and persons and no abnormality was detected on cardiovascular, abdominal, and respiratory examination. Hemorrhagic side effects were the most well-known introduction in the current investigation. And think about on snake bitten patients who developed coagulopathy and the role of coagulation markers to estimate the morbidity and corporality of the sufferer.

KEYWORDS: Snake Bite, Weakness, Headache, Vomiting with Blood

INTRODUCTION

In India country around 35,000-50,000 individuals expire o snake bite yearly (1). Around the world, snakebites address a genuine weight, particularly in the most unfortunate and most immature locales all throughout the planet, where both numerous individuals work in the Diary Pre-verification rustic region, in contact with these creatures, and the admittance to medical care is the most troublesome because of monetary and social perspectives (2). The Snake scientific name is Serpentes, which is belong to kingdom name is animalia, Phylum is Chordata, class Is Reptilia and order is Squamata (3). The fundamental poisons in snake toxin are hemotoxin, cytolyisin, neurotoxin and cardiotoxin (4). Snake toxin additionally contains sodium, calcium, magnesium, zinc, and iron (5).

We report here a case of patient who is suffered from snake bite, vomiting with blood, headache, and weaknesses in this condition how change of hematological parameter, biochemical parameter, and other clinical findings.

Case Report

A 50 year old female presented with headache since three days, and snake bite since 13 days and vomiting since three days . She had a history of off no headache when snake was bite but after 10 days she have headache and weakness. After two

days snake bite she was well at time , place and persons and no abnormality was detected on cardiovascular , abdominal and respiratory examination. After one week she was fell severe headache weakness and vomiting with blood and she will get fully unconscious. Then she came to hospital and then she is hospitalized on ventilator and she will be expire after six hours. On investigation hemoglobin (Hb) was 7.8 gm/dl , Total Leucocyte count (TLC) 10,999/cumm , differential leucocyte count (DLC) N75%,L18%,M0%5,E02%, Platelet count 15,000/cumm, blood urea 90 mg/dl, serum creatinine was 5.02 mg/dl , sodium 137mmol/L , potassium 5.3 mmol/L and ionic calcium 1.1 mmol/L , and coagulation profile was within very high range. And troponin-I was 1.4900 ng/mL and viral markers were negative.

DISCUSSIONS

Hemorrhagic side effects were the most well-known introduction in the current investigation. Prothrombin time and activated partial thromboplastin time were prolonged in this case respectively. The parameters get high after the snake venom there was a stamped expansion in coagulating time after snake bite. The prolongation of clotting time is very high in viper bite cases.

This will help in the treatment by picking monovalent serum toxin, since it is more viable than polyvalent immunizing agent toxin.

CONCLUSIONS

Patient will be dying after six hour. Hemorrhagic should we considered in the differential diagnosis. And think about on snake bitten patients who developed coagulopathy and the role of coagulation markers to estimate the morbidity and corporality of the sufferer.

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