

Hump-nosed Pit Viper Envenomation

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Sir,

I read the recent report on snake envenomation with a great interest [1]. Kumar et al. reported on importance of pit viper including hump-nosed pit viper and said that “antivenom for this snake is urgently required [1].” Focusing on the present report, although it is a retrospective data with very few indexed cases, the importance of hump-nosed pit viper bite can be seen. Indeed, hump-nosed pit viper is considered a very important snake at present [2]. However, not only the problem of availability of the antivenom, Simpson proposed that “A great many of these primary care hospitals do not treat snake-bite, even when snake venom antiserum is available, simply because the doctor lacks confidence in being able to treat the patient [3].” It seems that it is required to have a continuous medical education system to provide the update knowledge to the practitioner on management of snake bite at present.

References

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Authors' Reply

Sir,

Thanks for the valuable comments. We fully agree with your statement that all primary care doctors should be trained in the latest snake bite treatment protocol and made confident enough to treat snake bite cases. This will enable the use of antivenom within the golden hours and also reduce its unnecessary use. We have pointed out this in the discussion part of the article [1]. Government of West Bengal has already implemented it and hence the snake bite mortality has been reduced by 35 percentage [2].

In our study most of the victims were brought within one to one and a half hours of bite. The confirmed pit viper mortality victim was presented within 45 min of bite and was given adequate ASV. That is why we have given stress to upgrade the ASV with hump-nosed pit viper antivenom.

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