

LETTER TO THE EDITOR

Snakebite and antivenene

Snakebite remains a common cause of death in many parts of Papua New Guinea (PNG). The high cost of anti-venom means that many health centres can no longer use it to treat severe cases. In order to postpone the evil day when I would have nothing but crepe bandages to offer for victims of death-adder bites I decided to try to find the minimum dose necessary to save lives.

I treated the next eight cases of paralytic snakebite with 10 ml of anti-venom as a bolus intravenous dose. To my surprise and satisfaction all recovered uneventfully. There were no reactions. The ninth case, treated a few days ago, was a boy of 15. He had only groin tenderness on admission. After I had observed him for an hour, he developed the typical signs of weakness of the eyelids, difficulty in swallowing and blurred speech. I decided to give him only 5 ml initially. Within a few minutes of the IV injection, he too was able to lie down and sleep without respiratory embarrassment.

I realize there are some who will object that it is dangerous to reuse ampoules again and again, with only sticking plaster to reattach the glass top. It would certainly be much better if the antivenene were manufactured in a vial or in 5 ml ampoules. Others may claim it is against PNG policy to inject the antivenene directly into a vein. The only study I have seen comparing the safety of diluted and undiluted antivenene found that the number of reactions was the same whichever way it was given. The dramatic reversal of all symptoms within a few minutes of the bolus dose is very satisfying to the patient and the medical worker.

If others can confirm my results perhaps the producers of the antivenene might consider manufacturing it in smaller ampoules.

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