EFFICACY OF ANTIVENOM THERAPY (BITIS-ECHIS-NAJA®) IN THE TREATMENT OF BITES BY THE CARPET VIPER (ECHIS CARINATUS).

G Mion, M Rüttimann, JM Saissy, F Olive. Intensive Care Unit, CHA Bouffard, SP 85024, 00812 ARMEES, Djibouti, Republic of Djibouti.

OBJECTIVES: Echis carinatus bites induce an intravascular disseminated coagulation with often fatal outcome in case of bleeding (1). We compared the evolution of haemostasis with and without antivenom therapy.

METHODS: prothrombin time (PT, %), activated partial thromboplastin time (APTT, sec), fibrinogenaemia (g/l) and Fibrin Degradation Products assay (FDP) were obtained in 8 patients with E. carinatus poisoning. In case of bleeding with incoagulable blood, according to evolution, 20 to 80 ml of antivenom (BITIS-ECHIS-NAJA®, Pasteur Institute, Paris) associated with corticosteroids were delivered through the intravenous route. The time to reach an APTT ≤ 45 sec (mean ± sem) in each group was compared using the Mann and Whithney U test.

RESULTS: on admission, all patients had a non-clotting blood. Four had a spontaneous bleeding and received 40 ± 13 ml of antivenom. In one patient in each group, FDP were detected during two weeks. Without antivenom, APTT was > 45 sec during 8 ± 4 days. With antivenom, APTT was > 45 sec during 13 ± 6 hours (p < 0.05). Bleeding ceased when APTT was ≤ 45 sec. We observed no allergic reactions. Evolution of PT and fibrinogenaemia in each group are summarized in the two following figures.

CONCLUSION: carpet viper bites induce a very severe intravascular disseminated coagulation with non-clotting blood lasting more than one week. With BITIS-ECHIS-NAJA® antivenom, we observed constant efficiency without adverse reactions.

REFERENCES: