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An Alluring Case of Bleeding Gums as the Primary Manifestation of Snake Bite.

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ABSTRACT

Snake bites are common medical emergencies, especially in the tropical regions. The manifestations vary, depending on the species that has caused envenomation. Most often, the victim walks in with the chief complaint of pain at the local site and history of a snake bite. However, in a few instances, it may so happen that the bite goes unnoticed, and the victim may present with secondary manifestations. We report an interesting case of bleeding gums, which on investigation turned out to be due to a snake bite.

Keywords: Viper, Cobra, Krait, Haemotoxic

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INTRODUCTION

Snake bites are quite common in South East Asia, and are, in fact, said to have one of the highest incidences, based on geographical distribution. However, due to gross under-reporting and misreporting, the exact data on incidence is unavailable. Most of these instances occur in agricultural fields and workers in the forests and hilly areas. Since these areas are devoid of proper facilities for management of snake bites, the victims opt for traditional medicine and ultimately succumb to the envenomation [1].

In India, the most commonly implicated snakes are the vipers, the cobras and the kraits. A clear-cut preponderance of bites in farmers has been noted. Also, males are affected more, probably because of the occupational hazard associated with the sex [2]. The clinical presentation differs, based on the species of snakes. While vipers are known to be haemotoxic, the cobras are neurotoxic. Also, sometimes, the snake bite may go unnoticed, and the patient may present with the secondary manifestations [3]. The authors report a case of bleeding gums, which turned out to be secondary to snake bite.

Case Report

A 20-year-old otherwise-healthy male farmer presented with sudden onset bleeding from the gums after returning to work from the farmland at dusk. Since the bleeding progressively worsened over the next 2 hours, he went to his primary care physician. There was no history of fever, trauma, alcohol or drug intake preceding this history. He developed severe retching and one episode of vomiting. Since there was a doubt regarding haematemesis, he was referred to our tertiary care hospital for further management.

Examination revealed a young male who was conscious and oriented, with stable vital signs and unremarkable clinical examination, except for bleeding from the gums (as shown in Figure 1 and 2). There were no other obvious bleeding sites. A nasogastric tube was passed that revealed no features of haematemesis. Emergency oral surgery department consultation was sought for, and oral packs with botrocloot drops were administered to arrest the bleeding. No obvious oral or dental cause for the bleeding gums was found. The oral surgeons advised to look for systemic illnesses manifesting as bleeding in the oral cavity.



Figure 1: Image showing bleeding gums in our patient

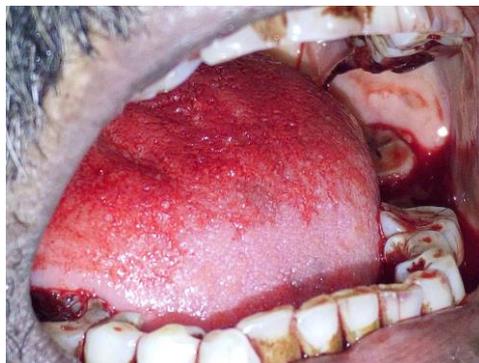


Figure 2: Image showing bleeding gums in our patient

As this patient presented with sudden onset of severe bleeding manifestations, a possibility of coagulopathy secondary to toxin exposure was considered. A repeat thorough and meticulous examination revealed presence of fang marks on the patient's foot (as shown in Figure 3). There was minimal swelling and tenderness at the site.



Figure 3: Image showing the presence of fang marks

Investigations revealed normal haemoglobin, platelet count, mildly increased serum creatinine and deranged coagulation parameters. Peripheral smear did not reveal any abnormal cells, thus ruling out the possibility of haematological neoplasms. Within the next few hours, the pain and swelling increased in the right foot, upholding the suspicion of the possibility of a venomous snake bite. The patient was immediately started on polyvalent anti-snake venom (ASV), parenteral amoxicillin with clavulanic acid and monitored in our high dependency unit. With worsening coagulation parameters, fresh frozen plasma (FFP) was also administered. The bleeding gums, cellulitis, renal functions and coagulation parameters at the site of apparent bite site improved well with antibiotics, ASV and other supportive measures. The patient was discharged.

DISCUSSION

Snake bites are quite often under-reported in India. Most of the times, the victim gives a positive history of bite, and presents with local swelling and tenderness. Also, depending on the species of the snake, the manifestation may be bleeding or neurological. In viper bites, the patient may show significant signs of bleeding, as seen in our case³. There have been reports wherein the victim is not aware of the bite, and presents with secondary signs and symptoms. Also, sometimes, the bite marks may appear as simple scratch marks and may be missed out by the physician [4].

There is no standardized treatment protocol for ideal management. It differs from case to case. However, general supportive measures and administration of ASV are key components of any protocol [5]. A similar management was followed in our case in a timely fashion to save the victim from death.

CONCLUSION

Our case highlights the significance of considering unrecognised snake bites in otherwise healthy individuals presenting with severe bleeding manifestations. This young male was probably bitten by a venomous snake while working in his farm. Due to the poor clarity and gloomy visibility in the twilight, the snake must not have been noticed. What is most alluring is the manifestation of severe bleeding gums as the presenting manifestation rather than local pain and cellulitis. Timely administration of ASV, antibiotics and FFP helped in an uneventful recovery in this young gentleman.



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