Correspondence

Bilateral Parotid Swelling: An Unusual Complication of Viper Bite

Sir,

A 25 year old countryman was admitted to the emergency ward 10 hours following a Russell's viper bite in his left foot. Apart from pain and swelling at the local site, he also complained of pain and swelling of both the parotid glands for the last two hours. The glandular swelling was of acute onset, developed about 8 hours after sustaining the bite and was not associated with fever. Clinical examination revealed normal vitals with swelling of the left lower limb below the knee joint. The limb was tender on palpation with oozing of blood from the site of bite. The parotid glands were swollen and tender. Examination of the oral cavity documented bleeding gums. The other salivary glands were not enlarged. He had passed smoky urine once since the bite. Both the renal angles were tender on palpation. The patient had no clinical evidences of neurotoxicity.

Complete blood count revealed the following: Hb.:10.4gm/dl, TC: 10200/cmm with normal differentials, Platelets: 98000/cmm. The whole blood clotting time (WBCT) was more than 20 minutes. Serum urea and creatinine were 84mg/dl and 1.9mg/dl respectively. Microscopic examination of the urine showed plenty of RBCs per high power field. The BT, PT, APTT was prolonged with low fibrinogen and elevated FDP level consistent with disseminated intravascular coagulation. He was put on Inj. Anti Snake Venom (ASV) (10 vials over 1 hour), Inj. Tetanus Toxoid, Inj. Coamoxyclav and Tab. Paracetamol. The WBCT normalised following a repeat dose of ASV (10 vials) 6 hours after the initial dose. However because of progressively declining urine output, increasing urea and creatinine level and metabolic acidosis he was put on haemodialysis. The glandular swelling gradually disappeared over the next 5 days and he was discharged on the 20th post-admission day after 6 cycles of haemodialysis.

Envenomation resulting from snake bite is an important public health problem in tropical countries like India. Coagulation disorder with or without bleeding manifestations dominates the clinical picture of Russell’s viper bite. They are also associated with prominent local signs, hypotension, renal failure and rarely neurological manifestations. Apart from these, unusual complications like myocardial infarction and ventricular tachycardia may occur following viper bite. Even rarer is the development of parotid swelling. There is very few documentation of such complication in world literature. The committee of experts has mentioned about this unusual manifestation of viper bite in the Indian National Snakebite Protocols 2007. Paul et.al. in their study have found that development of parotid swelling was associated with poorer prognosis. This also stands true in this particular patient.

To conclude, as viper bites are common in the rural population of developing countries unusual manifestations are not infrequently encountered. More research works are needed to unveil the etiology and clinical implications of such complications, parotid swelling being one of them.

Partha Pratim Chakraborty*,
Rana Bhattacharjee*
*Assistant Professor, Department of Medicine, Midnapore Medical College, Midnapore, West Bengal, India
Received: 02.06.2009; Accepted: 03.06.2009

References