Painless Krait Bite in a Sleeping Victim: Delayed Diagnosis and High Mortality

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Sir,

I read the article published in your journal ‘A Clinico-Epidemiological Profile of Neuroparalytic Snake Bite: Using Low Dose ASV in a Tertiary Care Centre from North India’ with great interest. The authors have described 113 cases of neuroparalytic snake bites in this article with 18 deaths. The important factor responsible for death in this study was delay in seeking treatment. As shown by the authors, 21 people presented more than 8 hours after the bite who were all given the ventilatory support and still 18 (86%) died. The authors have not given description of the type of snakes that led to neuroparalysis. As we know that in India Cobra, Krait and Russel’s viper are the ones that can cause neuroparalysis. From a carefully obtained history we can identify whether it was a Krait or a cobra that produced neuroparalysis. Cobra is known to bite humans mostly when they accidentally disturb a cobra during their work or movement while Krait on the other hand bites the humans who are sleeping indoors during night time. As is shown by the authors 41 (36%) of the bites were indoors, these should be the most probable Krait bites.

We have an extensive experience of neurotoxic bites, as this is the predominant envenomation in our region. The activity of the victim and the time of bite are important to make a diagnosis. If the victim is in deep sleep, a Krait bite will often be missed due to its painless nature. Fang marks are not visible as Krait has very short fangs and there is no local swelling or necrosis. The victims of Krait bite thus present late, often after > 8 hours of bite, found severely paralyzed in the morning by their family members. Many of them die before reaching hospital. Kraits are active only in the months of June to September.

Another differentiating feature between Cobra versus Krait is that Cobra induces very painful bites with local swelling and necrosis, while Krait bites are painless with no local swelling. This is why victims of Cobra bites reach hospital early due to severe pain whereas the painless Krait bite goes unnoticed during sleep till it is very late for the victim, who develops respiratory failure and dies.

So, authors can try to identify how many of the victims who died, were bitten during sleep or had early morning neuroparalysis and it would be interesting to know how common the Krait bites are in their region.

References
