

Images in paediatrics

Anaphylactoid reaction to facial adder bite

A previously well 3-year-old boy was playing outside. His father found him holding aloft a snake recognisable as an adder, which was coiling around both forearms. He said "look" and the snake struck and bit him twice on the face (figure 1). The snake was thrown to the ground, but the boy did not express pain or distress. He was rushed to the local medical centre and on admission he was vomiting, wheezy and tachypnoeic with facial swelling. His general practitioner gave epinephrine and chlorpheniramine and transferred him immediately to a hospital. He was tachycardic (170 bpm), obtunded (Glasgow Coma Scale 10) and poorly perfused. A venous blood gas showed pH 7.23, pCO₂ 6.68 KPa, HCO₃⁻ 18 mmol/l, base excess -7.2 and lactate 4.4 mmol/l. Antivenom, ceftriaxone, tetanus vaccination, hydrocortisone, 50 ml/kg of crystalloid and four subsequent doses of epinephrine were given. He was intubated and ventilated and retrieved to the regional paediatric intensive care unit. Leucocytosis 39.7×10⁹/l (polymorphonuclear leucocyte 26.2×10⁹/l and lymphocytosis 11.1×10⁹/l) and mild thrombocytosis 645×10⁹/l normalised by the following morning and lactic acidosis resolved within hours. He was extubated the next day and a plastic surgical opinion was sought. There was no evidence of skin necrosis, but facial nerve paresis was still present 2 weeks later despite oral steroids. The presentation was felt to be consistent with a *Vipera berus* envenomation anaphylactoid reaction rather than anaphylaxis and leucocytosis is a known association. Most adder bites do not result in envenomation, but can cause prolonged pain.¹ The last death from an adder bite in the UK was of a 5-year-old in 1975.

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Figure 1 Facial swelling with punctures on the bridge of the nose and envenomation to the right of the nose.

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REFERENCE

1. Warrell DA. Treatment of bites by adders and exotic venomous snakes. *BMJ* 2005;**331**:1244–7.



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