

Case Report
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Distal Necrosis of all Four Limbs Complicating Viperin Envenomation

Omar Lazrek^{1*}, Mehdi Omar Krimech¹, Ben Jemaa Mohammed³, Moncef Boufettal^{1,2}, Rida Allah Bassir^{1,2}, Moulay Omar Lamrani¹, Mohammed Kharmaz¹ and Mohamed Salah Berrada¹

¹ Department of Traumatology and Orthopedic Surgery Hospital ibn Sina, Rabat, Morocco

² Laboratory of Anatomy, Faculty of Medicine Rabat, university med v rabat, Morocco

³ Service de Chirurgie Orthopédique et Traumatologie, CHU Habib Bourguiba de Sfax, Tunisie

***Corresponding author**

Omar Lazrek, Department of Traumatology and Orthopedic Surgery Hospital IBN SINA, Rabat, Morocco, Email: omar.lazrek@gmail.com

Received: January 10, 2022; **Accepted:** January 18, 2022; **Published:** February 20, 2022

Introduction

Viper bite envenomation is a poorly assessed health problem around the world. They constitute a medical emergency, the management of which must be ensured in an intensive care unit. It engages the vital and functional prognosis of patients.

Observation

This is a 36-year-old woman from a rural area, the victim of a bite of the right hand by a viper.

The patient was hospitalized in intensive care for acute respiratory distress.

The evolution was marked by the installation of a disseminated intravascular coagulation complicated by a cerebrovascular accident, pulmonary embolism, myocardial involvement, and distal necrosis of the limbs requiring amputation of the limbs. the right leg, an amputation of the right forearm, a left trans-metatarsal amputation and a left trans-metacarpal amputation.

After cardio-respiratory stabilization and the end of resuscitation measures, neurological sequelae such as left hemiparesis and severe psychiatric disorders were discovered in the patient.

Despite specialized psychiatric care and functional rehabilitation measures, the patient found herself in a major state of disability with social and family disinsertion.



Figure1: Distal peripheral necrosis of all four limbs



Figure 2: Right leg amputation, Left trans-metatarsal amputation, Left trans-metacarpal amputation, Right front arm amputation

Discussion

The viperine envenomations constitute an emergency of medical resuscitation. Their management is based on epidemiological and pathophysiological data on envenomations.

Their severity is mainly due to toxins having a nervous tropism which block neuromuscular conduction, to enzymes which destroy the tissues around the bite causing severe necrosis by acting on the different stages of hemostasis leading to consumption coagulopathy and hemorrhages and multiple thrombosis [1].

The clinical picture of envenomation may include extensive locoregional signs with necrosis, major coagulation disorders, severe arterial hypotension, signs of neurotoxicity which may lead to respiratory depression, muscarinic-like syndrome, or even massive rhabdomyolysis [2].

The therapeutic protocol must be adapted to the dominant toxicity. When neurotoxicity is at the forefront, management is essentially based on assisted intubation and ventilation as soon as breathing difficulties appear. Anti-venoms shorten the duration of assisted ventilation and limit the spread of edema and necrosis. The infusion of coagulation factors helps prevent the occurrence of coagulopathy and therefore the risk of ischemia.

The installation of major locoregional signs, a type of skin necrosis, requires a clean necrosectomy or a discharge aponeurotomy in the event of compressive edema [3].

Conclusion

The envenomations by viperine bite constitute an unfortunately badly evaluated public health problem in the world.

Patients with viper bites should receive resuscitation that primarily prevents blood disorders and respiratory distress.

Treatment with specific immunoglobulins for envenomations has been shown to be effective for some of them by reducing morbidity, mortality and the total cost of treatment

References

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