

**PP123 BITTEN BY RARE
BEAUTIES: ANTIVENOM
VERSUS FASCIOTOMY**

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syndrome whereby the venom is the root cause. Fasciotomy is not considering the as mainstay of snakebite treatment but reserved for patients with refractory local envenomation despite antivenom.

ABSTRACT

Snake bite is a common health problem in Malaysia, both in rural and urban areas. Venomous snakebites, although uncommon, are a potentially lethal emergency (1, 2). It can cause either systemic or significant local effects such as tissue edema, pain, and paresthesia of the limb, which may mimic findings of compartment syndrome (3, 4, 5). We report a case of a 26-year-old gentleman presented to Emergency Department with extensive and rapidly progressively swelling of the right forearm following a snake bite. Ultrasound Doppler of right upper limb showed subcutaneous and skin edema of right upper limb up to the axillary level, with muscular edema at the dorsum of hand. Patient was suspected to have compartment syndrome and was initially planned for fasciotomy. However, he was treated with antivenom and the swelling subsequently improved. Patient responded well and he was discharged 24 hours later. The patient had a potentially limb threatening complication but not all severe local envenomation is compartment syndrome thus does not need require fasciotomy as definitive care. Pathophysiology of edema in snake bite differs of that from compartment