Editorial

Snake bite- a disaster in rural area- an Editorial

DOI:

Prof. Dr. H.N. Sarker¹

Snake bite is a major medical emergency that accounts for a large number of deaths annually. Those living in rural areas, such as farmers, plantation workers, and fishermen, are more affected by this terrible environmental occupational hazard.¹⁻³ It is also regarded as environmental poisoning.

Due to their occupations outside of house, males are more affected than females.⁴ The bulk of afflicted individuals are of younger age group. Most instances occur between the ages of 20 and 40.^{5,6,7} The majority of instances occur in rural regions, where snakes are more numerous, and where daily activities bring people into close contact with snakes.⁴ Most snake bites happened during the rainy season.⁸ In the majority of instances, snakes cannot be identified and are frequently misdiagnosed.⁹

Bangladesh is the home to 82 different species of snakes, 28 of which are poisonous

(including 12 species of sea snakes).¹⁰ Bites from green pit vipers (Cryptelytrops erythrurus and other species), cobras (Naja species), and kraits (Bungarus) are the ones that are most usually recognized. On the other hand, Russell's viper (Daboia russelii) appears to be rare, while saw-scaled vipers (Echis species) do not exist.¹¹

The majority of venomous snake bites are neurotoxic. Approximately 60% of snake bites are non-venomous. ¹² In addition to neurological symptoms, venomous snake bites can also cause haematotoxicity, myotoxicity, organ failure, and local symptoms.

In cases of poisonous snake bites, the use of antivenom and tetanus prophylaxis, together with rapid treatment, can save many lives. Tetanus treatment and reassurance are required to treat nonvenomous snake bites.

(International Journal of Medical and Dental Research 2022; 1(1): 1-2)

1. Professor (Ex), Medicine, Sher-E-Bangla Medical College, Barishal, Bangladesh and Sheikh Sayera Khatun Medical Collage, Gopalganj, Bangladesh

Published: July 10 2022

Published by:

Society of Retired Professors of Medical Science, Bangladesh

How to cite this article:

Sarker PDH. Snake bite- a disaster in rural area- an Editorial. ijmdr [Internet]. 2022 Jul. 10 [cited yyyy mm dd];1(01):1-3. Available from:

https://bdjournals.org/index.php/ijmdr/article/view/228





This article is licensed under a <u>Creative Commons</u> <u>Attribution 4.0 International License</u>.

patients do not know what to do in an

emergency and, hence, do not receive early

first aid care. Because of people's lack of

understanding, the likelihood of illness and

fatality resulting from snake bites is

increased. Education on healthy living habits

The precise death rate in Bangladesh is not known; the reported mortality ranges significantly from 0.5 percent all the way up to 22 percent. 13-15

In Bangladesh, snake bites are a major public health concern and are considered one of the most life-threatening crises. There is a correlation between delays in hospitalization and higher mortality. A great number of

is a crucial component of public health efforts to lower death rates.

REFERENCES

- 1. Williams, D., Gutiérrez, J.M., Harrison, R., Warrell, D., White, J., Winkel, K.D., et al. The Global Snake Bite Initiative: An Antidote for Snake Bite. The Lancet, 2010; 375, 89-91.
- 2. Kasturiratne, A., Wickremasinghe, A.R., De Silva, N., Gunawardena, N.K., Pathmeswaran, A., Premaratna, R., et al.The Global Burden of Snakebite: A Literature Analysis and Modelling Based on Regional Estimates of Envenoming and Deaths. PLoS Medicine, 2008; 5, 1591-1604.
- 3. Warrell, D.A. Snake Bite. The Lancet, 2010; 375, 77-88.
- 4. Hossain, J., Biswas, A., Rahman, F., Mashreky, S R., Dalal, K. et al. Snakebite Epidemiology in Bangladesh: A national community-based health and injury survey. Health, 2016; 8: 479-486.
- Mt miah, AA hoque, BK tarafder, MKH patwary, RR khan, SMEJ kabir; Epidemiology, Clinical Profile and Outcome of Patients of Snake Bite in Mymensingh Medical College Hospital; Journal of Bangladesh College of Physicians and Surgeons; Vol. 27, No. 2, May 2009
- Sharma, S.K., Khanal, B., Pokhrel, P., Khan, A.K.S. Snake Bite Reappraisal of the Situation in Eastern Nepal. Toxicon, 2003; 41, 285-289
- 7. Jamaiah, I., Rohela, M., Ng, T.K., Ch'ng, K.B., The, Y.S. et al. Retrospective Prevalence of Snakebites from Hospital Kuala Lumpur (HKL). Southeast Asian Journal of Tropical Medicine and Public Health, 2006; 37, 200-205
- 8. Alam ABMS, Islam AKMM, Jesmin H; Snake Bite as a Public Health Problem: Bangladesh

- Perspective; Birdem Medical Journal Vol. 5, No. 1, January 2015
- 9. Harris JB, Faiz MA, Rahman MR, et al. Snake bite in Chittagong Division, Bangladesh: a study of bitten patients who developed no signs of systemic envenoming. Trans R Soc Trop Med Hyg. 2010 May; 104(5):320-7
- 10. Faiz MA, Hossain M, Amin R, et al. National guideline of management of snake bite. 2nd edition, Dhaka: DGHS; 2008
- 11. Ghose A. Snapshot: Bangladesh: A summary of the snakebite situation in Bangladesh. Global Snakebite; Initiative. Jun 6; 2014.
- 12. Ahmed SM, Ahmed M, Nadeem A, Mahajan J, Choudhary A, Pal J. Emergency treatment of a snake bite: Pearls from literature. J Emerg Trauma Shock. 2008;1(2):97-105.
- 13. Mondal RN, Rani M, Mohammad M, et al. Pattern of poisonous snake bite in Rangpur Medical College. RCMCJ 2011; 1(1): 13-18.
- 14. Miah M, Hoque A, Tarafder B, et al.
 Epidemiology, clinical profile and outcome of
 patients of snake bite in Mymensingh Medical
 College Hospital. Journal of Bangladesh College
 of Physicians and Surgeons, 27, Jan. 2010
- 15. Hasan SM, Basher A, Molla AA, et al. The impact of snake bite on household economy in Bangladesh. Trop Doct. 2012 Jan;42(1):41-3.