

Editorial**Resurgence of deadly Russell's viper snake bite in Bangladesh — An editorial**

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In many parts of the South East Asian region like India, Sri Lanka, Bangladesh, Nepal, and Pakistan, snake-bite is an important medical emergency and cause of hospital admission. The World Health Organization says snakes bites are one of the most neglected tropical diseases.

Snake bite is a significant cause of morbidity and mortality in Bangladesh. Recent nationwide epidemiological surveys have shown 623 snake bites per 100,000 cases, and 6,041 fatalities per year^[1].

In Bangladesh, there are approximately 100 snake species, of which 37 are venomous: 16 sea snakes, three cobras (including the king cobra, *Ophiophagus hannah*), five kraits, two coral snakes, six pit vipers, and one true viper: Russell's viper. As in India, vipers, cobras and kraits

are the three most common venomous snakes.

Russell's viper (*Daboia russelii*) is responsible for nearly half of snakebites in neighboring India, but in Bangladesh, where it's known as chandra bora, it was declared extinct in 2002. This scenario has changed after 2013. Reports of bites from Russell's viper, the deadliest snake on the Indian subcontinent, have increased in Bangladesh since 2013. 20 deaths have been reported due to Russell's viper bites between 2013 and 2016 from 17 districts out of 64 districts in Bangladesh as per a study in 2018^[2].

Hospitals in rural areas have recently reported an increase in the incidence of snakebites, especially by the Russell's viper, and these incidents have become a major topic on social media in recent weeks.

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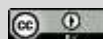
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This creates a panic among people, but the real thing is not so as described.

- Envenomation symptoms begin with pain at the site of the bite, immediately followed by swelling of the affected extremity. Bleeding, a common symptom, especially from the gums and in the urine, takes about 20 minutes to develop after the bite.
- Blistering at the site of the bite, necrosis, facial swelling and vomiting occur in about one-third of all cases [3,4].
- Kidney failure (renal failure), severe disseminated intravascular coagulation, septicaemia, respiratory, or cardiac failure also can occur in severe envenomations^[5].
- Death occurs from septicaemia or kidney, respiratory, or cardiac failure, but not instantly; it may ensue 1 to 14 days after the bite, or sometimes later^[5].
- Early medical treatment and early access to antivenom can prevent and drastically reduce the chance of developing the severe/potentially lethal complications and death.

So, should not waste time after snakebite for local traditional/herbal remedy like ojha, sucking blood and applying cowdung or vegetable leaf. Their use should be discouraged because they have been found to result in more harm (risk) than good (benefit), and they should never be allowed to delay the movement of the patient to medical care at the hospital or health centre where antivenom is

available. Recommended first-aid methods emphasise reassurance, immobilisation of the whole patient and particularly the bitten limb and movement of the patient to a place where they can receive medical care as soon as possible.

The Government of the people republic of Bangladesh has taken immediate steps to combat this situation and ordered all health centres and hospitals to stock anti-venom after reports of a surge in snake bites across the country and Health Minister Dr Samanta Lal Sen also urged the public to bring snake bite victims to hospitals as soon as possible.

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