

Presented at the ACMT Annual Scientific Meeting 2022 – Virtual

Published in J Med Tox 2022; 18:97

074. Snake Bites in Diabetic Patients: A Descriptive Analysis

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Background: There is limited literature examining the impact of comorbidities such as diabetes on the clinical course of snake envenomations. This report summarizes characteristics of snake envenomations in patients with diabetes.

Methods: All cases reported to the Toxicology Investigators Consortium North American Snakebite Registry between 2013 and 2020 in patients with a history of diabetes were reviewed, and data on demographics, clinical effects, treatments, and outcomes were extracted.

Results: Thirty-four cases from 10 states were identified. Median age was 46.5 years (range 3-75 years) and 67.6% (n = 23) were male. The majority of patients (n = 26, 76.5%) had at least one additional comorbidity. Most bites involved rattlesnakes (n = 18, 52.9%) or copperheads (n = 10, 29.4%), and there were equal numbers of upper and lower extremity bites. The most common effects were swelling (n = 32, 94.1%) and ecchymosis (N22, 64.7%). Hemotoxicity (platelets < 170, or PT >15) occurred in 20.6% (n = 7) of patients initially and 20.6% (n = 7) at follow up. Three patients (8.82%) developed necrosis; two required procedures (debridement, incision and drainage, and/or skin graft). Hypotension was noted in five patients (14.7%) but resolved with IV fluid resuscitation in all but one. Two patients (5.88%) required mechanical ventilation. Antivenom was administered in 88.2% (n = 30) of cases with a median total dose of 10 vials (range 4-53 vials; IQR 6-13.5 vials). Hospital length of stay was < 48 hours in 82.4% (n = 28) of patients and < 24 hours in 41.2% (n = 14); 41.2% (n = 14) were admitted to an intensive care unit. At final follow up (up to three weeks from initial bite), seven patients (20.6%) had residual functional deficits and one (2.94%) suffered permanent tissue loss.

Conclusion: The majority of snake envenomations in diabetes patients described in this report required treatment with antivenom and most had short hospital stays.