

## Case Report

# Dry bite by Common Krait: A report from North India

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## I N F O

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## A B S T R A C T

The common krait is one of the “big four” snakes responsible for most venomous bites and deaths in India. This is probably the first report from North India of a dry bite by a common krait bite without symptoms for 36 hours. Management is clinical observation and advising a 6-hourly Whole Blood Clotting Test (WBCT) and avoiding antivenom if there is no evidence of envenomation.

**Keywords:** Dry Bite, Krait, and Snakebite

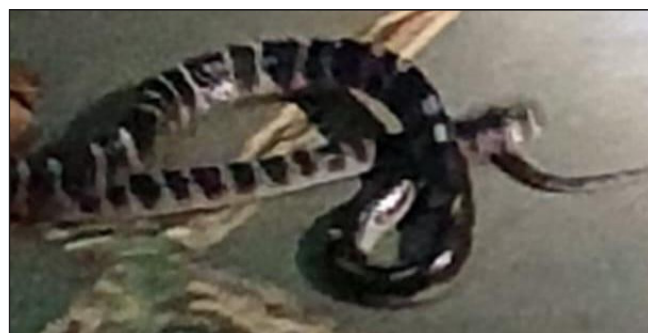
**Introduction**

India is estimated to have the highest snakebite mortality in the world. World Health Organisation (WHO) estimates place the number of bites and deaths due to snakebite as variable. Recent national estimates predict snakebite numbers to be 129,325 per annum with 5039 deaths in India. A recent study has identified more than 20 known species that are venomous, and of these four- namely common cobras (*Naja naja*), Russell's viper (*Daboia russellii*), saw-scaled viper (*Echis carinatus*) and common krait (*Bungarus caeruleus*)-are highly venomous and believed to be responsible for most of the deaths in India for which Indian polyvalent ASV is used for treatment. We report a case of a patient presenting with a history of krait bite without symptoms for 36 hours.

**Case Presentation**

A 40- years-old male called the author about the bite and sent the pic Fig 1 below for identification. The common krait

had bitten his right big toe, which showed some redness, but no fang marks were visible, and there was no pain or bleeding at the bite site in fig 2. No ptosis, dyspnoea, respiratory distress, seizures or chest pain.



**Figure 1.** Juvenile Krait that bit the patient at late night, 10:40 PM

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**Figure 2.** Right big toe that showed some redness but no fang marks

### Initial Presentation

- **Vital Signs:** Pulse 86/min, BP 140/80, SpO<sub>2</sub> was 98% on room air, RR 20/min, Temp. 97 F
- **Local signs:** Fang marks not present, some redness present, though present had some prickling sensation sometime after the bite.
- **Systemic Signs:** No bleeding or numbness is present; however, other vitals are stable.
- **Investigation:** Whole Blood Clotting Test (WBCT) negative (clotted). X-ray chest normal. No neurological presentation.
- **Management:** Under observation. Inj TT and antibiotics were given. Advised 6- hourly Whole Blood Clotting Test (WBCT).

### Discussion

Krait bite is generally neurotoxic and sometimes lethal if timely ASV and ventilator support is not provided. A dry bite by a common krait is not a heard-of phenomenon and is the rarest of rare. As per WHO-SEARO guidelines, the incidence of dry bites varies with the species from 5% to 80% with an average of about 50%.<sup>1</sup> We could only find one case report from India, whereas a dry bite from a common krait has been documented by Khalid et al. "Dry bite" accounts for about 50% of coral snake & 25% of pit viper & 80% of the deadliest sea snake bite. Dry bite is

extremely rare in common kraits. On management of dry bites by venomous snakes according to Naik Sadananda et al. Patients who fulfil the diagnostic criteria of 'dry bite' should be hospitalised and observed closely for clinical and laboratory abnormalities indicating envenomation for at least 12–24 h. The practice of administering a small dose of antivenom to every patient who complains of snakebite without any evidence of envenomation should be strongly discouraged.

### Conclusions

The sleepiness in a suspected dry bite patient should be taken with caution, and while bitten at night, the patient may genuinely have an urge to sleep and may not necessarily have the effect of venom. Caution needs to be taken to keep an eye on sleeping tendencies, and vitals should be checked, including SpO<sub>2</sub> and difficulty in breathing, etc., especially in suspected neurotoxic snake bites like that of krait bites.

**Conflict of Interest:** None

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