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Challenges in managing snakebite patients in Rajshahi Medical College Hospital, Rajshahi, Bangladesh

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Russell's viper (RV), *Daboia russelii* is one of the deadly venomous snake reported during contemporary period in Bangladesh. It is one of the common cause of venomous snakebite in the Rajshahi region along with other areas which has significant morbidity and mortality.

We have done an observational study in the department of Medicine, Rajshahi Medical College Hospital (RMCH), Rajshahi, Bangladesh over a period of 9 years, present here the experiences of managing 171 cases of Russell's viper bite. Most of the patients (average delay 9.5 hrs) were admitted late in their clinical courses after visiting one or more traditional healers. Diagnosis of RV bite was made by classical clinical features supported by positive 20MWBCT. If indicated all patients received polyvalent AV (10 vials/dose) supplied by the Directorate General of Health Services, Government of Bangladesh (source, Incepta Pharmaceutical Limited, Bangladesh). Around 63% patients of RV bites developed acute kidney injury (AKI) even after getting AV and other supportive treatment, and among them 50% needed dialysis. Few patients needed subsequent dose(s) of AV. Fewer patients developed multiorgan failure. Despite all efforts around 31% patients died at RMCH. We also found three survivors of RV bite who developed pituitary insufficiency on long term follow up.

In Conclusion, this study suggests AV should be started at UZHC (primary healthcare centre) in early phase of envenomation. Early renal support is crucial to reduce the morbidity and mortality due to Russell's Viper bite. We also need to explore the feasibility of developing and using the AV, which may be monovalent, specifically raised against venom of RV from Bangladesh.