**The more you have, the more you will need!**

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INTRODUCTION

*Calloselasma rhodostoma* (CR), also known as Malayan pit viper is the commonest haematotoxic snake found in the northern region of Peninsular Malaysia. Envenomation from CR can lead to significant disability and death.

CASE DESCRIPTION

An 85-year-old man with *diabetes mellitus* and hypertension presented 3 hours after being bitten by a snake while mowing lawn at his backyard. He was bitten twice, on both his upper limbs. Upon arrival, he was hemodynamically stable. Examination noted multiple actively bleeding puncture wounds on both his forearms and gross swelling with extensive ecchymoses from his hands up to middle forearm bilaterally. There were also haemorrhagic blisters on his fingers. Unfortunately, neither patient nor his family brought the snake along. Based on geolocation and clinical findings, the initial diagnosis was unidentified snakebite probably CR with local and systemic envenomation. This was later confirmed with the snake brought by his family members. A 20-minute whole-blood clotting test was done and resulted positive. Laboratory investigation showed anaemia (haemoglobin 6.5g/dL), coagulopathy (APTT >180 seconds, INR maximum), deranged renal function (urea 27mmol/L, creatinine 276umol/L) with metabolic acidosis. Due to the presence of both local and systemic envenomation, patient was given 3 vials of CR antivenom (CRAV) immediately. After completing the first dose of CRAV, patient’s wounds continued bleeding profusely, and coagulopathy persisted. Thus, he was given another 3 vials of CRAV. He was managed in the ICU and made good recovery. However, patient underwent Ray amputation of the right middle finger due to gangrene.

DISCUSSION

In CR envenomation, the main mechanism underlying the haematotoxic effects is consumptive coagulopathy by thrombin-like enzymes. The intensity of haematotoxicity is proportional to the number of bites sustained, thus increasing the need for more doses of CRAV. Recurrence of coagulopathy after an initial response to CRAV is common due to a reduced in circulating antivenin levels.

CONCLUSION

In patients with severe systemic envenomation, repeated doses of CRAV within 1-2 hours have shown to be beneficial in neutralising the haematotoxic effects of CR, thus improving patient’s outcome.

KEYWORDS

*Calloselasma rhodostoma*, systemic envenomation, haematotoxicity