**“I can’t feel my arm – “stoned by fish” vs “horse shoe crabbed” dilemma**

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**Introduction**

We present a case of an unidentified marine creature sting in our emergency department with local envenomation subsequently requiring an orthopaedic referral.

**Case Description**

A 31 year old Myanmar gentleman was stung over his right little finger by an unidentified marine creature at a riverbank. The creature was initially identified by its local name, ‘Belangkas’ - the Atlantic Horseshoe Crab, and was certain he was not bitten by a snake.

He presented with swelling over his right hand, progressively worsening up to his forearm, with no symptoms of systemic envenomation. Physical examination showed a prick over the medial aspect of his right little finger with no local necrosis, tender swelling, soft compartments and no neurovascular compromise. Vital signs were stable with blood parameters within normal limits except for raised CK (585) and lactate (2.9). Right hand X-ray showed no foreign body.

Rate of proximal progression (RPP) of the swelling increased by 2 cm within 3 hours. Tab Doxycycline 100 mg BD, IM ATT and IV Morphine was given. Supportive management by adequate hydration, right hand elevation and warm compression was done.

A blister developed over the sting site on day 3 and was referred to the orthopaedic team. The patient admitted he was not confident whether the culprit animal was an Atlantic Horseshoe Crab or a Stonefish as he flung it back immediately into the river.

He was observed in the orthopaedic ward for 3 days. A right hand ultrasound showed diffuse subcutaneous edema with cobblestone appearance of the subcutaneous tissue at the dorsum with no collection seen. His symptoms did not worsen and was afebrile throughout admission, thus was discharged with antibiotics and an appointment.

**Discussion**

Atlantic Horseshoe Crabs are known to contain tetrodotoxin while stonefishes contain a heat labile venom. Treatment for stonefish stings include hot water immersion for 30 to 90 minutes with targeted temperature of 43 degrees as per literature. However, the treatment given in this case was warm compresses. Patient would have recovered earlier if hot water immersion was done. Rapid progression of the swelling and a blister raised concerns for necrotising fasciitis, thus an orthopaedic referral was made for surgical intervention.

**Conclusion**

The learning point in this case is a dilemma whether the patient was stung by ‘Belangkas’ or stonefish and that the treatment was based on the worst case scenario in which we might have had to consider antivenom for stonefish stings. If hot water immersion with targeted temperature was done, the patient might have recovered earlier in the emergency department without requiring an admission.

**Keywords**

*Stonefish, Atlantic Horseshoe Crab, Unidentified marine creature sting*