the biological function of purported “venom” before the term is applied, and careful documentation and verified confirmation of the envenoming animal’s identity before assigning a medically significant bite to any species for which there is no previous evidence for such. The patient bitten by a captive *V komodoensis* in the case documented by Borek and Charlton¹ experienced only mild, uncomplicated trauma. Any assignment of venomousness accompanied by suggested or implied medical significance carries serious and indelible medical, biological, and legal ramifications that cannot be ignored or dismissed, and so must be supported by substantial quality evidence.⁸ Currently, the implied venom functions of varanid oral secretions are not supported by available evidence, nor is the presumptive assignment of any clinical significance of varanid oral toxins or their transcripts.

Scott A. Weinstein, PhD, MD

Julian White, MBBS, MD

Department of Toxinology, Women’s and Children’s Hospital, 72 King William St., North Adelaide, South Australia, Australia

References

1. Borek HA, Charlton NP. How not to train your dragon: a case of Komodo dragon bite. *Wilderness Environ Med.* 2015;26:196–199.
2. Weinstein SA, Keyler DE, White J. Replies to Fry et al. (Toxicon 2012, 60/4, 434–448). Part A. Analyses of squamate reptile oral glands and their products: a call for caution in formal assignment of terminology designating biological function. *Toxicon.* 2012;60:954–963.
3. Fry BG, Casewell NR, Wüster W, Vidal N, Young B, Jackson TN. The structural and functional diversification of the Toxicofera reptile venom system. *Toxicon.* 2012;60:434–448.
4. Jackson TN, Casewell NR, Fry BG. Response to “Replies to Fry et al. (Toxicon 2012, 60/4, 434–448). Part A. Analyses of squamate oral glands and their products: a call for caution in formal assignment of terminology designating biological function.” *Toxicon.* 2013;64:106–112.
5. Weinstein SA, White J, Keyler DE, Kardong KV. Response to Jackson et al. (2012). *Toxicon.* 2013;64:116–127.
6. Fry BG, Wroe S, Teeuwisse W, et al. A central role for venom in predation by *Varanus komodoensis* (Komodo dragon) and the extinct giant *Varanus* (Megalania) *priscus*. *Proc Natl Acad Sci U S A.* 2009;106:8969–8974.
7. Vikrant S, Verma BS. Monitor lizard bite-induced acute kidney injury—a case report. *Ren Fail.* 2014;36:444–446.
8. White J, Weinstein SA. Reply to Vikrant and Verma about “Monitor lizard envenoming.” *Ren Fail.* 2015:1–2.
9. Fry BG, Vidal N, Norman JA, et al. Early evolution of the venom system in lizards and snakes. *Nature.* 2006;439:584–588.
10. Auffenberg W. *The Behavioral Ecology of the Komodo Monitor* Gainesville, FL: University of Florida Press; 1981:406.

In Reply to Drs Weinstein and White

To the Editor:

We thank Drs Weinstein and White¹ for their interest in the article, “How not to train your dragon: a case of a Komodo dragon bite,”² and their thoughtful comments. We recognize that the use of the term *venomous* is controversial when referring to Komodo dragons (*Varanus komodoensis*). The aim of this article was to present a case report and give a brief review of the literature, including the theories involved in mortality after a Komodo dragon bite, which include trauma, sepsis, and a venom deposition theory. We note that despite the theory that envenoming may occur, no signs of envenoming occurred in our patient; despite the theory that wound infection and sepsis may occur, amoxicillin-clavulanate appeared to mitigate any potential infection in our case. Our patient did experience morbidity as a result of a direct traumatic injury from the bite.

We respectfully appreciate your insightful comments regarding the possible toxic effects of a Komodo dragon bite, which will hopefully help to further clarify the question and semantics of venom and envenoming. We agree that there is no definitive proof that a toxin is involved or that envenoming occurs in Komodo dragon bites, and look forward to further research in this area. Despite this controversy, we hope that clinicians will continue to report human cases of Komodo dragon bites to add to the available literature and the ability to care for our patients.

Heather A. Borek, MD
Philadelphia, PA

Nathan P. Charlton, MD
Charlottesville, VA

Reference

1. Weinstein SA, White J. In response to How not to train your dragon: a case of Komodo dragon bite, by Borek and Charlton. *Wilderness Environ Med.* 2015;26:572–573.
2. Borek HA, Charlton NP. How not to train your dragon: a case of Komodo dragon bite. *Wilderness Environ Med.* 2015;25:196–199.