CLINICAL IMAGE

Worsening Pain After a Snakebite

Yoon Seok Jung, MD, MS¹; Hyuk-Hoon Kim, MD, PhD¹; Kyu Cheol Shin, MD²; Sangchun Choi, MD, MS¹

¹Emergency Department, Ajou University School of Medicine, Suwon, Republic of Korea; ²Ajou University School of Medicine and Graduate School of Medicine, Suwon, Republic of Korea

Case Report

A 47-y-old man presented to the emergency department 3 h after being bitten by a snake. The patient had been searching in bushes for a golf ball when he was bitten on the left hand by a pit viper (likely *Gloydius spp*). He received the appropriate antivenom (6000 units intravenously) at a local hospital 90 min before being

transferred to our referral hospital for further management. On arrival in the emergency department, he reported worsening pain in the left hand. Physical examination revealed 2 fang marks, with swelling and tenderness, over the left second metacarpophalangeal joint (Figure 1).

What is the diagnosis? How would you manage this patient?

Figure 1. The patient's left hand. Two fang marks are visible in the circled area.

Corresponding author: Yoon Seok Jung, MD, MS, Ajou University School of Medicine, 164 World-ro Yeongtong-gu, Suwon 16499, Republic of Korea; e-mail: avenue59@ajou.ac.kr.

Submitted for publication October 2020.

Accepted for publication March 2021.

Figure 2. A tiny foreign body (solid arrow) was embedded in the soft tissue near the second metacarpophalangeal joint.

Diagnosis

Retained tooth or tooth fragment.

A plain x-ray of the left hand revealed a tiny foreign body in the soft tissue near the left second metacarpophalangeal joint (Figure 2). A retained tooth or tooth fragment was removed from the wound using fluoroscopy-assisted surgery (Figure 3).

Discussion

X-rays are not necessarily indicated for all snakebites. One indication for obtaining x-rays might be worsening

Figure 3. A retained tooth or tooth fragment was surgically removed from the wound.

pain and tenderness on delayed presentation.¹ In our patient, worsening of localized pain prompted x-ray evaluation to look for a retained foreign body. Healthcare providers should examine snakebite wounds carefully and obtain x-rays if there is worsening pain or tenderness.

Author Contributions: Conceptualization (SC, HK); investigation and visualization (YSJ, KCS); writing original draft (YSJ, HK) writing revision and editing (YSJ, SC); approval of final manuscript (all authors).

Financial/Material Support: None.

Disclosures: None.

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