

has not been documented in literature and remains open to further research. There have been reports of use of high doses of ASV in literature in older age groups(1). Existing guidelines are silent on the dosing schedule of ASV in neonates(2). Taking these facts into consideration, we preferred to continue with ASV dosing beyond 25 vials encouraged by a definite clinical response in the form of improving respiratory and neuromuscular paralysis. The objective of this case report is to share our experience of treating a neonate with snake bite at a tertiary care centre and suggest possibility of further research in this area and

not to mislead the peripheral doctors.

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REFERENCES

1. Agrawal PN, Aggarwal AN, Gupta D, Behera D, Prabhakar S, Jindal SK. Management of respiratory failure in severe neuroparalytic snake envenomation. *Neurol India* 2001; 49: 25-28.
2. Simpson ID. The pediatric management of snakebite, the National protocol. *Indian Pediatr* 2007; 44:173-176.

ASV in a Neonate

I would like to make a few comments regarding a recent article(1). The current recommendation for neurotoxic envenomation irrespective of age is to administer an initial dose of 10 vials of ASV over one hour. A trial of neostigmine is then given and the child is monitored. A second and final dose of 10 vials of ASV is administered 1-2 hours later if there is no improvement or worsening of symptoms(2,3). There is no justification for using 50 vials. I would also like to highlight the fact that the first dose of 10 vials of ASV is preferably given over 1 hour. There is no benefit in administering each dose over a longer period.

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REFERENCES

1. Jindal G, Mahajan V, Parmar VR. Antisnake venom in a neonate with snakebite. *Indian Pediatr* 2010; 47: 349-350
2. Simpson ID. The pediatric management of snakebite; the National protocol. *Indian Pediatr* 2007; 44: 173-176.
3. Handbook on Treatment Guidelines for Snake Bite and Scorpion Sting. Tamil Nadu Health Systems Project, Health and Family Welfare Department, Chennai: Government of Tamil Nadu, 2008.

REPLY

Though ASV was given as initial dose of 5 vials over 1 hour, it was repeated after 1 hour, again as an infusion over a period of 1 hour. We understand that ideal would have been to administer 8-10 vials as the initial dose but it was not feasible in our case due to some time spent in procurement of ASV.

Secondly, the maximum permissible dose of ASV to be given in a patient with neurotoxic snake bite is a definite area of controversy. There have been reports in literature depicting benefits of using much higher doses of ASV than 20 vials(1). Most of the studies quote end point of ASV as reversal of respiratory and neuromuscular paralysis. There has been no published case report of a neonate treated with ASV.

In our case, we were guided by the definite response to ASV in the terms of improving respiratory and neuromuscular paralysis even above the ceiling dose of 25 vials. We were hesitant to continue administering ASV after 25 vials of ASV and stopped intermittently but switched over to continue further doses in view of a good clinical response to ASV.

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REFERENCE

1. Agrawal PN, Aggarwal AN, Gupta D, Behera D, Prabhakar S, Jindal SK. Management of respiratory failure in severe neuroparalytic snake envenomation. *Neurol India* 2001; 49: 25-28.