Snake bite Envenomation in Children in Kashmir

A three year retrospective study was done to study snakebite envenomation among Kashmiri children. Ten children were admitted with snakebite. Snakebite was vasculotoxic in seven and mixed in two. Levantine viper bites were seen in five who had Grade 3 bites with severe local signs, severe coagulopathy and hypotension. Both environmental risk and seasonal incidence was observed.

Key words: *Antivenom, Envenomation, Levantine viper.*

Data on envenomation among Kashmiri children is limited. To examine the epidemiological and clinical profile of snake bite envenomation in Kashmiri children, a three year retrospective study was carried between May 2006 and April 2009. We included all children admitted with a history of snakebite, having (*i*) presence of fang marks; and (*ii*) presence of swelling, echymosis, bleeding, and blister formation. In each case, snake was identified either by victim or by accompanying person. Species identification was made on basis of description of snake by eyewitnesses. In addition to demographic characteristics, details of injury in the form of time and season of the bite, site of the bite, time of arrival after bite was obtained. Degree of severity of snake bite was graded on a four point scale [1]. All children were subjected to monitoring with repeated 20 minute whole blood clotting time (20WBCT).

A total of ten patients were admitted with snakebite. Male to female ratio was 1:1. Mean age of presentation was 8.9 years. Mean arrival time at hospital after bite was 3.8 hours (range 2-6 hrs). Mean dose of antivenom given was 20.7. Mean hospitalization period was 3.6 days (range 1–5 d). Snakebite was vasculotoxic in seven and mixed (neurotoxic and vasculotoxic) in two. Levantine viper or "Gunas" (local name) was identified as a source of envenomation in five.

Children with Levantine viper injuries came from areas around Sindh valley. This is consistent with observation that they are numerous in Lar area and seldom seen on the southern side of the Kashmir [2]. Envenomation was reported between months of May and August (summer), an active season for vipers. Envenomation occurred during daytime. Levantine viper is usually inactive during daytime, but quite alert and apt to attack swiftly if disturbed. Further, few children would venture during night to be exposed to snakes. Site of Levantine viper bite was hand (in three) and foot (in two). Envenomation resulted due to unintentional encounters. Hand bites occurred while working in agricultural fields during harvest time. Foot bites occurred while climbing a rock (in one) and playing in field (in one). Patients with Levantine viper injuries had Grade 3 bites. They were brought to hospital early because of severe local envenomation. They also had severe coagulopathy (PT>20 s, INR >1.8, aPTT >1 min or non clotting blood) and hypotension. Hemolysis occurred in one.

All children were treated with polyvalent antisnakevenom (ASV). Local management consisted of minor surgical procedures in the form of bleb removal and surgical dressings. Symptomatic treatment was given for hypotension and hemolysis. All patients completely improved with no permanent physical or physiological abnormality.

We propose that current ASV should continue to be used for Levantine viper bites, an observation in contrast to that reported earlier [3]. Education of local populace is needed regarding habits of Levantine vipers. They should wear gloves and shoes when working in fields during seasons when snakes are active. They should be asked to be cautious when reaching under logs or climbing rocks.

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Time-lag from Submission to Printing in Indian Biomedical Journals

The timeliness of publication in five Indian, clinical, biomedical journals (*Indian Pediatrics, The Indian Journal of Pediatrics, Neurology India, The Indian Journal of Medical Research* and *Journal of Postgraduate Medicine*) from January 2007 to December 2008 was compared. The time from manuscript submission to publication for the journals studied (median: 358.3 days; range: 202.9-421.3 days) was not significantly different.

Key words: *India, Publication delay, Time lag, Turn-around time.*

Research manuscripts face a 12-18 month time-lag from initial submission to final publication in a scientific journal [1,2]. The time lag in publication may adversely impact the careers of younger scientists, in addition to loss of information by hindering timely incorporation of major advances into the policy and practice of medicine.

We selected five Indian, clinical, biomedical journals with the highest Impact Factors (Thompson Scientific) for the year 2008. Print issues of *Indian Pediatrics (IP), The Indian Journal of Pediatrics (IJP), Neurology India (NI), The Indian Journal of Medical Research (IJMR)* and *Journal of Postgraduate Medicine* (JPGM) were hand searched for the two year period from January 2007 to December 2008 to determine the article specific information including the dates of submission, review, acceptance, and publication.

Of the journals studied, *IP, IJP and IJMR* were monthly, and *NI* and *JPGM* were quarterly publications. We found desired complete information for calculation of various time periods only in *IP* and *JPGM*. *Indian Journal of Medical Research* only provided time from submission to publication, and *NI* provided time from acceptance to publication. Two issues of *IJP* did not provide the relevant dates related to the editorial process. The various time periods are detailed in ***Table* I**.

Time from submission to review, which is the editor's first response, also called as 'turn-around time', is approximately 3 months (for accepted manuscripts) for both *IP* and *JPGM*. The average time taken after the first review is around 4 months. After acceptance, an additional around 3.5 months are taken for the article to come in printed form. *JPGM* was the journal with the shortest time from submission to print (202.9 days), but this was not significantly different from the other journals.

Many authors have suggested turn around time as a marker of timeliness of a journal's review process [3-4]. This data for accepted manuscripts was available only for *IP* (85 days) and *JPGM* (107 days) and was comparable to previously reported median delay of 2-4 months [3-5]. The use of the Internet makes it possible to massively reduce the duration of time from first submission of a manuscript to its eventual publication [1,2]. The effect of electronic manuscript/email submission on timeliness was studied but no consistent differences in the timeliness of publication were found between journal with or without electronic manuscript submission.