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## Anti Snake Venom in Neonate with Snakebite

It was interesting to read the case report of a neonate with snakebite(1). Attention of the authors is drawn towards an editorial published in *Indian Pediatrics* on the management of Snakebite: The National Protocol";(2). We must adhere to the National protocol irrespective of the age of the child. In the case reported the child probably needed less than half of the ASV administered, and airway management. The calculated dose of ASV is to be administered over hour. Mechanical ventilation played a bigger role than ASV in the good outcome of the case reported. Once snake venom is bound to neuromuscular junction it cannot be detached by ASV. ASV only neutralizes the circulating venom. The child in most likelihood suffered a krait bite (night time bite) and its venom being presynaptic was even less likely to be reversed by ASV as the presynaptic vesicles once destroyed take 3-5 days to regenerate. It would be prudent to adhere to National protocols, so as to conserve a scarce resource like ASV.

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## Reply

We agree with the comments made by Devgan, *et al.* regarding use of National protocol for management of snake bite(1). We have some points to offer. Firstly, there is lack of literature regarding management of neonatal snake bite. The dose of ASV to be administered in such cases is open to further research. Secondly, we were guided a good clinical response to ASV beyond 25 vials. Though supportive therapy in the form of ventilatory support and management of shock formed the mainstay of therapy, it is difficult to postulate that response was attributable to these alone and not ASV.

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*No further correspondence regarding this article would be entertained.*

**Editor-in-Chief**