

SHORT COMMUNICATION

POSITION STATEMENT ON USE OF ANTIVENOM

MD. ROBED AMIN¹, ABDULLAH ABU SAYEED², RABIUL ALAM², ANIRUDDHA GHOSE³, MOHAMMED SHAHJAHAN⁴,
ABU SHAHIN MOHAMMED MAHBUBUR RAHMAN⁵, RATINDRA NATH MONDAL⁶, MOHAMMAD ABUL FAIZ⁷

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A recent discussion meeting of the authors on the use of antivenom (AV) in cases of snakebite envenoming in Bangladesh concluded that AV should be used early in the disease process of envenoming once indicated by the presence of neurological manifestation, or coagulation abnormality, or progressively increasing local swelling, or acute kidney injury following snakebite.^{1,2} AV use should be preceded by subcutaneous injection of adrenaline (half dose of the therapeutic dose) unless contraindicated.

The AV product that is currently in supply in Bangladesh when used with adrenaline premedication has not been found to produce significant hypersensitivity reaction (anaphylactoid reaction) which was commonly observed in earlier years.^{3,4}

During or before referral, or during AV use, measures for organ support must be considered. Early use of AV, if indicated when the patient arrives at the first contact hospital (e.g., Upazila Health Complex) can save patients' lives, and it can prevent the progression of envenoming as well as complications that may otherwise result in disability.⁵

All are urged to adhere to the National Guideline for Management of Snakebite.¹

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1. Professor of Medicine and Line Director, Non Communicable Diseases, Directorate General of Health Services, Government of Bangladesh, Dhaka, Bangladesh
 2. Assistant Professor of Medicine, Chittagong Medical College, Chattogram, Bangladesh
 3. Professor of Medicine, Chittagong Medical College, Chattogram, Bangladesh
 4. Assistant Professor of Tropical Medicine, Cox's Bazar Medical College, Cox's Bazar, Bangladesh
 5. Assistant Professor of Medicine, Rajshahi Medical College, Rajshahi, Bangladesh
 6. Associate Professor of Medicine, Prime Medical College, Rangpur, Bangladesh
 7. Professor of Medicine, Former Director General of Health Services & President Toxicology Society of Bangladesh, Dhaka, Bangladesh

Address of Correspondence: Professor Md. Abul Faiz, Professor of Medicine, Former Director General of Health Services & President Toxicology Society of Bangladesh, Dhaka, Bangladesh Email: drmafaiz@gmail.com

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