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CORRESPONDENCE AND COMMUNICATION

Radiological features of non-venomous snakebite hand injury

Dear Sir,

There is no epidemiological study that exists in the UK for non-venomous snakebites.

People most likely to be bitten by snakes live in rural areas in Africa, Asia and Latin America, and work mostly in agriculture.¹ It is however a very unusual injury in Europe.

We present the case of a patient who sustained a bite from a non-venomous snake, identified as a Boa constrictor, on her right hand without any adverse outcome. The patient is a 19-year-old right hand dominant woman who works as a snake keeper. She sustained a bite from a Boa constrictor over the dorsal aspect of right index metacarpophalangeal joint 3 months before she presented to our clinic. Her past medical history was unremarkable.

Her only presenting complaint was a painless lump over the base of her right index finger. She reported no sign of infection after the bite and did not take prophylactic antibiotics.

Clinically, she had a full range of motion and no numbness or paraesthesia in her affected digit. The only finding was a discreet lump on the dorsum of her right index metacarpophalangeal joint, which was not tender on palpation (Figure 1). A plain radiograph showed two very small triangular foreign bodies, which were most likely teeth fragments of the snake (Figure 2).

We opted to treat her conservatively as she had no pain or functional deficit. The patient agreed that the risks of surgical removal outweighed the benefits and was happy with this decision. She was discharged with no further complication.

Venomous snakebites are very rare in the UK and are most commonly the result of an adder bite. It is estimated that approximately 40–50 individuals are affected each year.²

There are no clear guidelines for the management of non-venomous snakebites. A study by Harrison showed that the intrinsic infection rate in non-venomous snakebites was less than 5% and therefore did not require routine prophylactic antibiotics.³ It was previously suggested that a penetrating wound or an implanted foreign body from a snake would be best treated by surgery.⁴ However, our case illustrates that even with a foreign body in situ, without any sign of pain or infection, surgery



Figure 1 Photograph of the patient's hand showing a discreet lump over the base of the right index finger.

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Figure 2 A plain radiograph highlighting 2 small tooth fragments over the right index finger metacarpophalangeal joint.

is not necessarily indicated. Additionally, antibiotics were not required.

Conflict of interest

None.

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Ethical approval

N/A.

References

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