

EXPERIMENTAL TREATMENT OF NECROSIS PRODUCED BY PROTEOLYTIC SNAKE VENOMS. I — ACTION OF ISOXSUPRINE

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S U M M A R Y

The subcutaneous injection of proteolytic snake venom (*Bothrops jararaca*) in non treated mice produced 83% necrosis; treatment with antivenin reduced this incidence to 78.5%; treatment with Isoxsuprine alone reduced necrosis to 39.3%; combined treatment with antivenin and Isoxsuprine reduced it even more, to 28.9%. This favorable effect is probably due to the vasodilator effect of Isoxsuprine which increases the venom dissemination thus reducing its concentration at the site of the bite.

I N T R O D U C T I O N

Necrosis is a serious complication in patients bitten by snakes having proteolytic venom. It can only be avoided by specific serumtherapy when applied in sufficient amount within 2 to 3 hours from the accident, or when suction is made at the site of the bite for extraction of part of the venom. No such risk exists when the inoculated amount is small, but it is observed in 15.7% of cases, even if a suitable treatment lowers mortality rate to 0.7% (ROSENFELD⁴). Treatment received far after the indicated time is responsible for necrosis, what makes conclude that death is more easily avoided than necrosis.

The venom kept at the site of the bite allows the action of the proteolytic factors which produce necrosis. Accelerating the circulation of the venom could be a way of avoiding or reducing necrosis production. With this purpose, experiments in mice were made, using a peripheric vasodilator, Isoxsuprine.

M A T E R I A L A N D M E T H O D S

Mice — Four groups of 270 animals weighing from 30 to 35 g were used.

Venom — A solution of 1 mg desiccated venom from *Bothrops jararaca* per ml saline was prepared just before inoculation. Injections of 0.5 mg venom per mouse were subcutaneous in the external part of the thigh, corresponding approximately, to a mean dose of 15.0 mg per kg body weight.

Antivenin — Polyvalent anti-*Bothrops* serum from the "Instituto Butantan" with a potency of 2 units per ml was injected subcutaneously 15 minutes after the venom, in the back of the animal, in an amount neutralizing one or two venom doses.

Isoxsuprine — 1-(p-hidroxifenil)-2-(1-metil-2-fenoxietilamino)propanol-1 HCl as a 0.5% solution (*). Subcutaneous injections were made 15 minutes and 8 hours after the venom at the site of the venom injection, in doses ranging from 0.125 to 0.5 ml.

Observation of necrosis — Necrosis appearing as a sharp black scar was observed 48 hours after inoculations.

R E S U L T S

Table I shows numerical results of different experiments and Table II shows their statistical analysis.

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TABLE I

Necrosis in mice injected subcutaneously with 0.5 mg snake venom (*Bothrops jararaca*) in the right thigh. Isoxsuprine injected at the same site of the venom in all experiments. Specific antivenin injected subcutaneously, an amount neutralizing one or two venom doses, at the same or a different site (dorsal skin) of the venom. Necrosis observed after 48 hours. SC = subcutaneous injection; 1x and 2x = antivenin amount neutralizing one and two venom doses

Experiment no.	Isoxsuprine SC		Antivenin SC			Group 1 Venom		Group 2 Venom + Isoxsuprine		Group 3 Venom + Antivenin		Group 4 Venom + Antivenin + Isoxsuprine	
	Dose mg	Time	Dose	Place of injection	Time	Necrosis		Necrosis		Necrosis		Necrosis	
						no./total	%	no./total	%	no./total	%	no./total	%
131-132-133	0.5	15 min	1 x	same	15 min	52/75	69.3	45/75	60.0	38/75	50.7	18/75	24.0
138-139	0.5	15 min 8 hrs	2 x	Different	15 min	31/40	77.5	13/40	32.5	27/40	67.5	5/40	12.5
140-141	0.25	15 min 8 hrs	2 x	Different	15 min	37/40	92.5	10/40	25.0	36/40	90.0	15/40	37.5
142-143-144-145	0.25	15 min 8 hrs	2 x	Different	15 min	87/90	96.7	24/90	26.7	86/90	96.6	18/90	20.0
146	0.125	30 min 8 hrs	2 x	Different	15 min	17/25	68.0	14/25	56.0	25/25	100.0	22/25	88.0
Total Results						224/270	83.0	106/270	39.3	212/270	78.5	78/270	28.9

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Group 1 was inoculated with venom, group 2 with venom plus Isoxsuprine, group 3 with venom plus antivenin and group 4 with venom, antivenin and Isoxsuprine. Four groups were used each time an experiment was performed because, a long previous experience acquired in working with venoms showed that different venom solutions vary their biologic activity, even when used from one same dried venom stock. This is a cause of error when only one determination is made in order to find a dose which would produce a certain percentage of necrosis and further using this criterion as a basis for other experiments. Dried venom is not homogeneous since it is a pool of different dried portions; in this way, the scales do not necessarily have same activities. Tentative homogenization by dissolving a great quantity of venom in a small volume of distilled water and subsequent drying resulted in great loss of activity. The variations in different days as to the activity causing necrosis can be observed by the different results within group 1, where 68.0% to 96.7% necrosis

were obtained with a mean of 83.0%, although the same venom was always used.

This cause of error was eliminated by the simultaneous performance of all four groups in a same day, and with the same venom solution. It can also be observed that very high doses (15.0 mg/kg) were needed for the production of necrosis in mice. The mouse is a very resistant animal since, in dogs the amount of 1.2 mg/g produced practically 100% necrosis.

The isolated treatment with Isoxsuprine induced a very favorable result by reducing the incidence of necrosis to 39.3%. The statistical analysis showed the drug's highly effective influence.

The percentage of necrosis in animals treated only with antivenin was reduced to 78.5%. Statistically, this difference was not significant.

The combined treatment with antivenin and Isoxsuprine reduced the incidence of necrosis to 28.9%, which indicated an improved effect over the isolated treatment with each therapeutic agent.

TABLE II

Statistical comparison of necrosis between groups treated with Antivenin and Isoxsuprine

Groups compared	Result	Chi ² n = 1	Probability P
Group 1 — Venom × Group 2 — Venom and Isoxsuprine	Highly significant Protective effect of Isoxsuprine	108.49	P << 0.1%
Group 1 — Venom × Group 3 — Venom and Antivenin	Not significant No effect of Antivenin	1.72	20% > P > 10%
Group 2 — Venom and Isoxsuprine × Group 4 — Venom, Antivenin and Isoxsuprine	Significant Protective effect of Isoxsuprine with Antivenin better than Isoxsuprine alone	6.46	2% > P > 1%
Group 3 — Venom and Antivenin × Group 4 — Venom, Antivenin and Isoxsuprine	Highly significant Protective effect of Isoxsuprine against the negative effect of Antivenin	133.74	P << 0.1%

DISCUSSION

It is logical to assume that, if local concentration of proteolytic venom is lowered one may diminish the probability of necrosis formation. For the obtention of this effect BADANO REPETTO¹ (1950) advised the use of a regional sympathetic blocking, but he did not try it. Identical suggestion was made by CHIPPAUX et al.² in 1961 without having tried this therapeutic method, since all of their patients came to the service late after the accident.

In 1955, REZENDE³ provoked regional sympathetic blocking by lombar infiltration with 20 ml of 1% novocaine in eight patients bitten by *Bothrops* snakes, and obtained a rapid regression of the edema and evolution without necrosis.

These experimental results indicated that, Isoxsuprine alone was more effective than serumtherapy in preventing necrosis produced by proteolytic snake venoms; probably, by the vasodilator effect which increased the diffusion of the venom. Its use must be associated to serumtherapy in order to improve the prevention of necrosis and the neutralization of diffused venom, thus avoiding the aggravation of general envenomation.

RESUMO

Tratamento experimental da necrose produzida por veneno ofídico proteolítico. I — Ação da Isoxsuprina

Camundongos injetados por via subcutânea com veneno ofídico proteolítico

(*Bothrops jararaca*), não tratados, apresentaram 83% de necroses; tratados somente com soroterapia antiveneno, a incidência foi de 78,5%; tratados unicamente com Isoxsuprina, houve 39,3% de necroses, e o tratamento combinado de Isoxsuprina e soroterapia baixou esse número para 28,9%. Provavelmente, esse efeito benéfico é devido à vasodilatação provocada pela Isoxsuprina, o que mobiliza o veneno para a circulação, diminuindo a sua concentração no local onde foi inoculado.

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