

***LIOPHIS POECILOGYRUS* (NCN). ENVENOMATION.** This species has been reported recently from Venezuela (Dixon and Markezich 1992. Texas J. Sci. 44:131–166; Fuentes and Barrio 1999. Herpetol. Rev. 30:54; Rivas et al. 2002. Herpetol. Rev. 33:68). All species of the genus *Liophis* are known as quiet and inoffensive snakes, but presenting rear fangs. Handling by me and collaborators never resulted in a bite before the incident reported herein. We believe that this is the first reported case of envenomation by this species in Venezuela.

On 11 July 1999, in the summer camp Wai Tuna (km 303 along the road El Dorado-Santa Elena de Uairén, Gran Sabana, Bolívar State) some tourists under my care cornered a 55 cm TL snake, and called me quickly. I captured the snake by hand, being familiar with this species. The instinctive reaction of the snake being handled was to bite at the conjunction of the two first phalanges of the fourth finger of my left hand. It had its jaws clamped around my finger for approximately 3 min. I did not free myself or shake it off because I preferred to wait in order to let the snake release its grip on its own. The finger showed two small wounds, but both corresponded to the same right fang. After washing the wound with soap, I applied a "Aspivenin" suction device, albeit probably too late to be effective, although some blood was removed. Immediately, the two phalanges became swollen, and exhibited a severe dark purple color in the bitten area. Several minutes later, the third phalange was swollen. The general sensation was not pain, but numbness. Only if the finger was touched did I feel some pain. Twenty minutes later the swelling expanded to the third finger. I experienced an increasing pulsation as well as a rather bothersome tingling sensation. 1.5 h later the swelling had extended to the dorsum and palm of the hand. Some swelling also took place on the third phalanges of the rest of the fingers, except for the thumb.

There, it stabilized and stopped.

I made the decision to consult a person with experience in snake bites in the Santa Elena de Uairén-El Paují- Ikabarú area (Luis Scott). He had never seen a similar case. He, along with the doctors of Hospital Rosario Vera Zurita at Santa Elena de Uairén decided to prescribe an intravenous steroid (hydrocortisone in lieu of an antihistamine), an analgesic (Ibuprofen), and an antibiotic to prevent infectious complications.

The medical report four hours post bite, with the patient in good general condition, was as follows: bite by a snake (*Liophis poecylogyrus*, Colubridae) at the junction of the first and second phalanges of the fourth finger on the left hand (signs of coloration, temperature, edema and local congestion) with pain when touched and/or moved.

15 h post bite, the situation was unchanged, with a slight extension of the edema.

19 h post bite (after a short sleep of 4 h) the dorsum and palm inflammation was considerably reduced. A slight discomfort was noted in the left axilla.

22 h post bite, the general situation continued to improve (the inflammation goes down) but there was still pain to touch and movement.

48 h post bite, the swollen fourth finger and hand in general remitted considerably, the edema having extended to the dorsal and ventral parts of the first phalange notwithstanding.

60 h post bite, the finger recovered some mobility and the inflammation went down further.

72 h post bite, the finger recovered its mobility to ca. 60% and the inflammation was reduced to a minimum. The edema, however, was still in the first phalanx, especially in the dorsal region around the nail.

96 h post bite, the finger recovered its mobility further with the edema still present. Ibuprofen administration is suspended.

120 h post bite, the finger regained almost complete mobility with the edema still present. The antibiotic administration is reduced to one dose per day.

After one week, the finger was fully mobile, although some pain was felt when touched for yet another week when the edema disappeared completely.

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