

Neuroparalytic Syndrome (Early Morning Neuroparalytic Syndrome)

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55 yrs old male weaver by profession was brought to the hospital at 1 pm intubated, ventilated & sedated. He was well till early morning and had been for a walk at about 5 am, followed by open-air defecation in the fields. He returned home by about 5.30 am, consumed tea, and soon after had vomiting, sweating, discomfort chest sagged to the ground with the loss of consciousness. Family members noted gasping and LOC. No tonic, clonic jerks or incontinence, or tongue bite. He was taken to the hospital, where he was intubated, sedated, and ventilated. Essential evaluation – blood test, ECG, and CT brain was normal. Attendees who wanted treatment at a higher center brought him here.

In ER, drowsy (sedated and paralyzed) vitals stable- on a ventilator. Pupils 5mm. NRTL, dolls absent. Limbs flaccid. No response to PS. Plantar 0 0. Ryles tube was clear. No smell of OPC or alcohol. The working diagnosis is Post circulation stroke, Postictal state, Viral encephalitis, or ADEM.

Blood test – TC 39000, N 90, HB 11.7g%, RFT & Sugar normal, ECG normal, Bedside Echo normal, Trop T negative, ABG normal, MRI brain normal. The patient was treated with LMWH, antiplatelets, antibiotics, neuroprotective and empirical antiepileptics. The patient did not show any improvement. Considering that he had been in the fields before the onset of symptoms – the possibility of a snake bite with neuroparalysis was considered.

A trial injection of Neostigmine was given, and we noticed a brief eye-opening flicker of the finger after 1.5mg of Neostigmine. This

reinforced our diagnosis of neuroparalytic snake bite (Elapidae – Krait). He was given a total dose of ASV (10 vials) along with Inj. Neostigmine. ASV is repeated at eight hourly intervals x 3 doses.

By the morning, he was awake and moving limbs. Over 24 hrs, he was weaned off the ventilator and extubated 48 hrs after admission. Remained well except for hoarseness of voice. Early morning neuroparalytic syndrome has been reported following Elapidae bite (Krait) and even as locked-in syndrome. Patients do not manifestly fang bite marks as Krait bites are punctate and could be missed in dark-skinned people.

Take home message

Early recognition of the possibility of neuroparalysis due to snake bite presenting as early morning neuroparalytic syndrome and early initiation of ASV (after excluding other causes).

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