Abstract:
Here we present an interesting case of a young lady who developed left hemiparesis with multiple cranial nerve palsies following scorpion sting. Imaging studies suggested massive cerebral infarction. Comorbid conditions and other risk factors were ruled out and a final diagnosis of toxin induced vasculitis was made. Treatment with appropriate medications was instituted resulting in prompt and near complete recovery.

Keyword: Scorpion Sting, Hemiparesis, Cranial Nerve Palsies, Vasculitis

We present the case of a 27 year old female patient who presented to our casualty immediately after a scorpion sting with headache and non-projectile vomiting. About 24 hours later, the patient developed dysphagia, and left hemiparesis. During the subsequent 8 hours, she developed multiple lower motor neuron cranial nerve palsies involving the 6th cranial nerve (left lateral gaze palsy), 7th cranial nerve, and the 9th, 10th and 11th cranial nerves. On examination, patient's general condition was good; there was no hypertension or cyanosis; heart murmurs and lung signs were absent; no evidence of carotid bruit. The patient did not develop seizures or unconsciousness. Bowel and bladder habits were not affected. There was no history of antecedent medical illness like diabetes, hypertension, rheumatic heart disease, epilepsy. Patient was not a smoker or alcoholic. No history of exposure or substance abuse was forthcoming. Laboratory Investigations revealed mild leucocytosis, with normal hemoglobin, normal liver function tests, normal renal parameters. Antinuclear antibody, anticardiolipin antibodies were tested to rule out the rare possibility of connective tissue diseases including antiphospholipid antibody syndrome and both tests returned negative. Chest X-ray was unremarkable. Plain CT scan of brain obtained soon after the event showed right hemispherical massive infarct. The finding was confirmed on MRI studies which showed diffusion bright images consistent with infarction. Based on the history of antecedent scorpion sting, development of hemiparesis & lower motor neuron palsies in the absence of pre-existing risk factors, a provisional diagnosis of

Scorpion sting induced vasculitis

ARULANANDHAN ETTIYAN
Department of General Medicine,
COIMBATORE MEDICAL COLLEGE
An Initiative of The Tamil Nadu Dr. M.G.R. Medical University
University Journal of Medicine and Medical Sciences

Toxin induced vasculitis was made. Treatment was initiated with antiedema measures, physiotherapy and high dose pulse methylprednisolone therapy which was started after consultation with the neurologist. The response to therapy was dramatic and rapid. The clinical picture started improving from the third day onwards and by the fifth day of methylprednisolone, the patient had recovered almost completely. Patient was discharged on the eighth day of admission with minimal residua.

Discussion:
Cases of scorpion sting leading onto multiple cranial nerve palsies and hemiparesis and even cardiac failure and pulmonary edema have been described in literature. Vasculitis resulting from toxic insult has been purported to be the cause in all these cases. Recovery is the rule in properly treated cases. Proper supportive therapy including physiotherapy is important in the intervening period. In our case, the interesting point to note was almost nil residual deficits after treatment with methylprednisolone. This leads us to conclude that proper and justified use of pulse steroid therapy is an important part of our therapeutic regimen in particular cases of scorpion sting induced vasculitis and its complications.

References:
