



# Scorpion Sting

**Mechanism of Poisoning:**  
Venom mainly cause Cardiotoxicity,  
Neurotoxicity, and histamine release

## Clinical Manifestations:

- Local manifestations sever pain, paresthesia at the stung extremity that becomes generalized (ascending hyperthesia) , edema, redness, lymphadinitis , and lymphangitis.
- Systemic manifestation mainly GIT, cardiopulmonary late CNS.
- Nausea, vomiting, pancreatitis.
- Excessive motor activity and severe agitation can also be present.
- Cardiac dysfunction, tachycardia, cardiogenic or non cardiogenic pulmonary edema, and bleeding disorders.
- Local pain macule, papule that may progress to necrosis and ulceration (confirmed by tapping test).
- Cranial nerve: abnormal roving eye movements, blurred vision, pharyngeal muscle incoordination and drooling and respiratory compromise.

## Investigations:

- Complete blood count (C.B.C.).
- Serum electrolytes (Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>..ect).
- Renal Function (B.U.N & Creatinine).
- Serum enzymes (C.PK., S.G.O.T., S.G.P.T., .etc.).
- E.C.G. Cardiac enzymes , chest X-ray and Echocardiography.
- Arterial blood gases (A.B.G.).

## Treatment:

- Stabilize patient: ABC
- Confirm diagnosis: sting site, history, scorpion.
- Immobilization of limb and Ice pack
- Pain Management (Local anaesthetics are better than opiates)
- Tetanus prophylaxis, wound care and antibiotics only if secondary infected.
- Antivenom 1 - 3 according to severity (100-200 ml saline)/30 min, with antihistaminics and corticosteroids, then one vial every 60 min.
- Monitoring and supportive therapy: Benzodizepines for motor activity.

### برعاية

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