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CASE REPORT**Intravenous Ascorbic Acid as a treatment for Severe Jellyfish Stings**SELVA KUMAR, MD*; JORGE R. MIRANDA-MASSARI, PharmD†;
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We report a case of jellyfish envenomation in a 39 year old male. He was stung extensively on both lower limbs by an unidentified jellyfish. This occurred in shallow waters of a beach in the vicinity of Labuan

Island, Malaysia. The patient received ambulatory treatment with parenteral and oral ascorbate with remarkable recovery.

Key words: Ascorbic acid, Jellyfish stings, Humans

Jellyfish fish envenomation occurs in the tropics and subtropics worldwide (1) and recently the Irukandji syndrome made world headlines due to fatal cases following envenomation (2). Worldwide reported fatal cases with unidentified jellyfish species include documented fatal cases in Labuan Island, part of the larger Borneo Island (1, 3). In many instances the universal solution is topical vinegar application for at least thirty seconds as an immediate first aid measure, however, afflicted cases may develop systemic symptoms requiring hospitalization. In most cases of envenomation, almost all patients experience varying degrees of pain and even with recovery a considerable number of patients are left with lifelong scarring of affected areas. We describe a case of extensive jellyfish envenomation in a local 39 year old male in the vicinity of shallow waters of Labuan Island, Malaysia using a new modality of treatment with remarkable recovery as an outpatient case.

Clinical data

A 39 years old male electrician sustained multiple jellyfish stings to both his front thighs and back of both knees on January 10th, 2002 at about 14:30 hrs on the island of Labuan, Malaysia. The event occurred early afternoon while net fishing by a beach which is just 2 kilometers from the clinic. He was wading in waist deep waters tending to the net when he felt severe pain over the affected areas and realized he was stung by jellyfish. Immediately, he

used sand to rub/remove the stings and got home and applied household vinegar (within 20 minutes). However, the pain was excruciating, and he rushed to the clinic arriving around 15:00 hrs accompanied by his wife. After a lapse of 15 minutes the patient was evaluated. The patient presented extensive whiplash pattern of stings and erythema of the affected areas consistent with classical jellyfish stings. (jellyfish species not identified; see figure 1).

On physical examination, vital signs were stable, but the patient complained about considerable pain in the affected areas. The following treatment was begun: The patient received 45 grams of sodium ascorbate in 500 cc sterile water intravenously, infused at rate of two to three drops per second. Five mg of chlorpheniramine were added to the infusion. The patient reported a reduction of pain within 10 minutes of infusion. The infusion was completed in about 45 mins at 16:00 hrs. In addition the patient was given oral vitamin E capsules and 'nappyrash' cream (dimethicone/zinc oxide/calamine) to apply topically over the stings. He was given sodium ascorbate powder and

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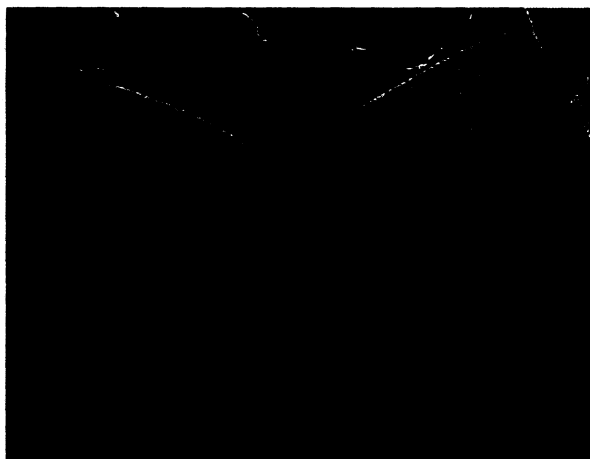


Figure 1. Lesions with whiplash pattern and erythema within 35 min of injury, before IV Vit C Treatment.

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