

injection and the serum was estimated for LDH by King's method (9) and SGOT and SGPT by the methods described by S. Reitnam and S. Frankel (10) and serum electrolyte by flame photometry. Two dogs were injected with 4 mg/kg body weight and the same procedure as above adopted till the animal died.

RESULTS

Blood pressure:

In all the 8 dogs, hypotension was an immediate finding following venom administration. In the 6 dogs where venom was given at 2 mg/kg body weight, associated tachycardia was observed. In the 2 dogs where venom of 4 mg/kg body weight was administered, it was noticed that hypotension was sudden and severe, associated with bradycardia followed by fatal cardiac arrest within 20-30 min.

Electrocardiogram:

In 6 dogs on 2 mg/kg venom, P-R interval was reduced in 4 recordings (0.08 to 0.06 sec.). Changes in QRS duration were found to be insignificant. ST segment depression was observed in 3 ECG recordings (50%). T-wave changes were observed in 5 (83%)—notched in 2 (33%), inverted in 2 (33%) and rudimentary in 1 (16%). Extrasystoles were observed in 2 recordings (33%). All the 6 animals from this group survived. The ECG changes were transient, returned to normal in 2 to 3 days in all 5 animals and on the 10th day, in one animal (Fig.1.).

In 2 dogs on 4 mg/kg, sinus bradycardia and prolonged PR interval were observed following venom infusion. QRS amplitude was reduced and duration prolonged (0.041 sec. to 0.06 sec.). S.T. segment showed marked depression. QTC was significantly prolonged at 10 min interval from 0.27 sec to 0.34 sec (Fig.2). Both the animals died.

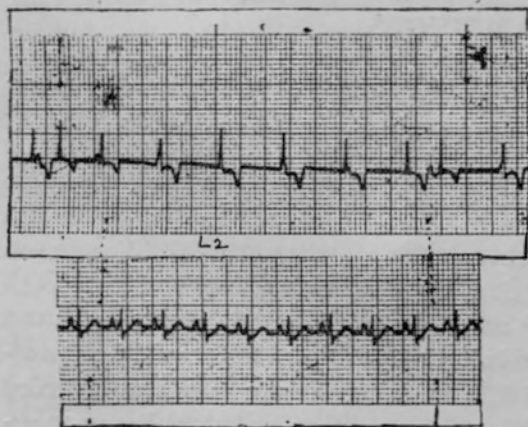


Fig. 1: Upper tracing shows inversion of T-wave and extrasystole. Lower tracing shows ST depression and tachycardia.

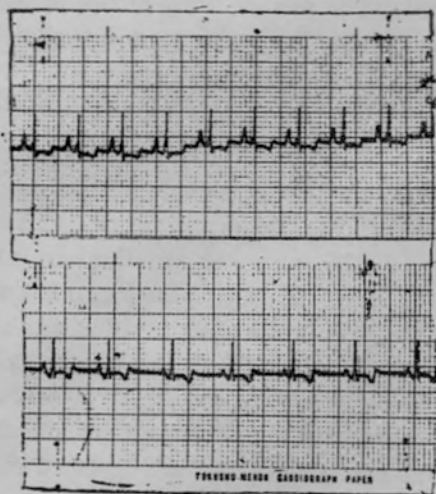


Fig. 2: Upper tracing shows biphasic T-wave and tachycardia. Lower tracing shows inversion of T-wave.

In venom administrated dogs, there was a significant increase in Lactic Dehydrogenase ($P < 0.05$) and in SGOT and SGPT levels ($P < 0.01$) in the serum. The enzyme changes returned to normal in 3-4 days. Serum electrolytes showed no significant changes ($P > 0.01$).

TABLE I: Serum, Enzyme and Electrolyte changes in dogs.

<i>Substance estimated</i>	<i>Controls (8)</i>	<i>After venom (6)</i> <i>Mean ± S.E.</i>
L.D.H. units	97.8 ± 7.936	x 173.2 ± 39.48
S.G.O.T. units	31.2 ± 1.381	* 69.8 ± 12.55
S.G.P.T. units	33.4 ± 0.8513	* 52.6 ± 7.98
Sodium mEq/L	143.5 ± 1.482	' 143.5 ± 2.598
Potassium mEq/L	4.55 ± 0.5527	' 4.55 ± 0.8177

x Significantly different from control ($P < 0.05$).

* Highly significant and different from control ($P < 0.01$).

' Not significant ($P > 0.01$).

DISCUSSION

Following scorpion venom administration marked changes in blood pressure and heart rate were observed, depending on the venom dose. In addition, striking ECG changes were seen. These ECG changes, especially T wave changes in many leads, ST depression, QTC prologation, and ventricular extrasystoles are suggestive of myocardial injury pattern (myocardiogenic). The associated rise in the levels of serum enzymes like SGOT, SGPT and LDH is strongly indicative of venom effect on the cardiac musculature. But no histopathological changes were observed in the cardiac muscle. As there was no change in the serum electrolyte pattern, the ECG changes could not be related to any electrolyte imbalance.

Recently the involvement of cardiovascular system were studied at length both in human beings (1,11,12) and experimental animals. Freira Maia *et al.* (13) in their experimental studies in rats have reported sinus tachycardia with low dose and sinus bradycardia with high dose of scorpion venom and concluded that catecholamines and acetylcholine release respectively as the cause for cardiac arrhythmias. They were also of the opinion that the venom has direct action on the medullary centres as well. Devi *et al.* (14) have reported hemorrhages and histopathological changes in the heart muscle suggestive of defibrination syndrome. But no such changes were observed in our study cases.

Poon King, in his observations mostly in adults following stings of *Tityus Trinitatus*, found ECG changes typical of myocarditis persisting for 3 to 6 days. Gueron *et al.* (6) have reported early "myocardial infarction" like pattern in scorpion sting cases in adults and many of them had in addition hypertension, congestive cardiac failure and pulmonary edema. These findings were observed in sting of *Quinquestratus* species commonly seen in Isreal and they attributed these cardiovascular manifestations to the increased circulating catecholamines directly affecting the sympathetic system. In the present study none of the animals had any evidence of hypertension

to support the theory of catecholamines induced hypoxia following scorpion sting. On the other hand, hypotension was the striking feature in this study.

The observations in human beings especially in children following sting of *Buthus Tamulus* species are similar to our study. Hypotension was often an important manifestation seen within half to one hour of the sting and the symptoms of pain or local reaction was unrelated to the development of hypotension. Although we are cognizant that animal experiments are not similar to natural sting, the findings in the present study are comparable to the observations in children as reported by Santhanakrishnan *et al.* (15,16). They concluded that the cardiac complications scorpion sting, probably related to the direct effect of the venom on myocardium. However, in our earlier study (2), no obvious pathology was found in cardiac muscle following venom injection.

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