[Spider Bite]

GRAND ROUNDS

Wednesday, October 28, 1959

Case Number . Admitted: /59. Discharged:

The patient, a 6 year old white girl was bitten on the left chest by a "black spider" while playing in a barn at about 8 p.m. on The insect was not recovered. The bite caused moderate pain, but the patient was essentially well until 3 a.m. the following morning when she began to vomit. There were no muscle cramps. Later that morning she was taken to a physician who administered ACTH for the local reaction. Vomiting continued and on the patient became jaundiced and was admitted to a local hospital. She passed moderate amounts of black urine, and the liver and spleen were said to be much enlarged. Erythema resulting from the bite spread to involve much of the left chest wall. On urine output decreased, and did not exceed 50 cc per day until the time of admission to The jaundice cleared during this period. Treatment with Decradron was continued until Generalized convulsions occurred on and on which were controlled with some difficulty by the use of sedatives. Admission to Parkland was requested because of progressive elevation of the BUN and serum potassium concentrations.

Previous history and the family history were not remarkable.

On examination she was a well developed and well nourished child with a puffy face, but alert and cooperative. Weight was $40\frac{1}{2}$ lbs. Temperature 98.6, pulse 76, respirations 20, blood pressure 106/70. There was no icterus present. The liver was palpable 3 fingers below the right costal margin. There was a 6 x 2 cm. tender eschar over the left chest wall, which had the appearance of a healing burn.

Progress: Electrocardiogram on admission showed prominent T waves in the chest leads indicative of potassium intoxication. She was treated with 25% glucose containing 2 grams of calcium gluconate per 200 cc in an amount calculated to cover her estimated insensible water loss and urine volume. Cation exchange resins were used by rectum without success. During the first 24 hours in the hospital, 48 cc of urine was measured and the patient voided twice in the bed. On the following day she was given 1 Molar sodium lactate and 25% glucose with marked improvement in the electrocardiogram. A Foley catheter was inserted and during the following 24 hours 600 cc of urine was collected. The catheter was then removed. Her clinical course thereafter showed steady improvement, and the chemical changes are shown in the chart.

At the time of discharge she was symptom free. There was a mild anemia, thought to be iron deficiency in type, and the liver and spleen were still palpable. Urine concentration reached 1016. The area at the site of the spider bite was healing well.

LABORATORY FINDINGS

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References

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