

# Toxicology, Clinical Toxicology & Pharmacology

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## Recycling & Waste Management

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### Management of Viper bites in Europe

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Snakebites are a major public health problem in a number of African, Asian, and Latin American countries, and thousands of deaths are reported every year. By comparison, this risk of venomous snakebite is much lower in Europe, where native species are less dangerous and the number of snakebite cases is low (1,2). Several species of vipers of the genus *Vipera*, *Macrovipera* or *Montivipera* live in Europe. *Vipera berus*, *V. ammodytes* and *V. aspis* are the 3 species which cause the highest number of human envenomations in this continent (3). Recent epidemiologic studies based on a meta-analysis of medical literature showed that with a population of 750 million inhabitants, Europe (including European regions of Turkey and Russia up to the Caucasus and Ural Mountains) records 7500 cases of snakebite per year. Approximately 1000 of these bites are associated with signs of severe envenomation requiring

prolonged hospitalization. Fewer than five deaths are recorded every year in the old continent. In spite of these reassuring findings, several recent studies have been carried out in Europe and have allowed development of specific treatments and protocols for management of envenomed victims (1, 2, 3). As the clinical features of viper envenomation are relatively homogenous through Europe, the gradation table published in 1992 by the Pasteur Institute of Paris is considered as pertinent for evaluating the viper bite severity at the continental level (1).

#### Speaker Biography

Luc De Haro is a clinical toxicologist working in the Marseille Poison Centre where he is the head of the Toxicovigilance unit specialized in the management of patients poisoned or envenomed by natural toxins (Mushrooms, plants or animals toxins including marine toxicology).

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