: : ABSTRACTS : :

The Treatment of Bee and Wasp Stings

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This paper sets forth a practical topic which is unique in that it concerns quite a common occurrence which paradoxically seems to be unknown to the student as far as the particular form of treatment detailed below is concerned. The article outlines the symptoms following bee, wasp and hornet stings and the appropriate treatments.

Depending on the number and location of the stings and the individual susceptibility of the victim, the symptoms observed are usually only local, but sometimes generalized and may even be fatal.

Local reactions are erythema, itching, pain and swelling at sting site. The sting of a wasp may be ocassionally followed by gangrene and ulcers due to secondary infection. In local treatment one must first remove the sting. Since the poison bag is often torn off with the sting, the sting must be removed with care, lest more venom be expressed into the wound from the bag. Dabbing the site with ammonia or menthol locally relieves the mild local symptoms.

General reactions may develop as early as five minutes after the sting and takes the form of any, or of many signs and symptoms. Apprehensive, precordial oppression, dyspnea, vertigo, tachycardia, cyanosis of face, generalized urticaria, shivering, pyrexia, headache and localized edema. There may be loss of consciousness or epileptiform convulsions. Leucopenia and eosinophilia are noted in the blood, and the coagulation time may be prolonged. A fatal issue can ensue from sting of the tongue or palate through suffocation because of marked edema produced in the oral cavity. If the venom enters a vessel directly a fatal issue may be produced through an allergic reaction. The severe symptoms caused by a single sting, as well as the fatalities, are mainly due to pronounced capilliary damage.

It is because of this capilliary damage that many authors have suggested the intravenous injection of calcium (Calcium-Sandoz) for severe cases as well as the use of analeptic drugs (i.e. epinephrine) with peripheral and central actions for cases with pronounced involvement of the respiratory and vasomotor centres. Because of the quick action of reducing tissue and vascular permeability the drug tends to inhibit the absorption of the venom from the site of the sting. Further some authors have shown the anti-allergic property of calcium ion is also beneficial in patients with an acquired or hereditary idiosyncracy to bee venom. The quick reduction of edema following intravenous calcium injections negates the usage of more severe measures such as tracheotomy.

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Placenta Accreta

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Placenta Accreta is an abnormal attachment of the placenta to the uterine wall resulting from a defect, deficiency or complete absence of the decidua basalis.

When there is marked invasion of the uterine wall by the chorionic villi, the condition is known as placenta increta. If the whole thickness of the uterine wall has been penetrated by the chorionic villi, the patient has placenta percreta. Defective endometrium from several causes predisposes to a decidual response inadequate for normal placentation. Conditions such as curettage, intrauterine irradiation, submucous fibroids, infections of the uterus, to mention a few give rise to endometrial defects.

There is marked discrepancy in clinical frequency. Irving and Hertig reports one in 1,956, Wilens reports one in 14,000, while Kaltreider reports one in 16,700. The condition is being reported with increasing frequency in recent years. The condition will be more frequently reported if the diagnosis is based on clinical findings rather than by microscopic examination of tissues.

The decidua basalis separates the placenta from the myometrium normally, but in placenta accreta the decidua basalis is partially or completely absent so that the fetal trophoblast and chorionic villi attach directly to the myometrium. The villi may penetrate the myometrium or remain superficial to the uterine muscles.

The only characteristic clinical manifestations of placenta accreta is the failure of the uterus to expel the placenta following abortion or normal delivery. One should be aware of the condition when there has been previous retention of placental tissue, if there has been severe uterine pain during pregnancy or a threatened abortion. Placenta accreta must be differentiated from incomplete abortion, retained placental fragments, retained incarcerated placenta, subinvolution of placental site and choriocarcinoma.

The clinical diagnosis is made by direct intrauterine palpation of a placenta which has no complete line of cleavage between it and the uterine wall.

If a patient has had retained placental tissue in a previous pregnancy, she should be typed or cross-matched for possible blood transfusion. Traction on the cord of an adherent placenta increases the liklihood of uterine inversion. Over-zealous attempts at manual removal should be avoided. Before manual removal is attempted, a blood transfusion should be available, intravenous fluids started and an expert anaesthetist should be present. The obstetrician's hand starts at the superior border of placenta and searches for a line of cleavage. If the placenta cannot be removed easily or completely, no further attempts at removal should be

made. Bleeding from placental sinuses is usually initiated by manual manipulation. When the placenta accreta is complete and bleeding is excessive, it has been advocated that the uterus be packed. The placenta will become organized and partially absorbed. There is sloughing of the superficial portion from the uterus. The advantage here is preservation of the uterus.

In conclusion, if the placenta is completely attached to the uterus, there should be no forceful separation. Fetal blood should be drained from the placenta and the patient treated expectantly. If the placenta is partially adherent yet cannot be completely removed, the safest method is packing of the uterus followed immediately by abdominal hysterectomy. Although relatively rare, placenta accreta is a highly important complication which may be anticipated at the termination of any pregnancy, early or late.

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