Is it time to denominate hypopituitarism after snake bite?

Sir,

Antonypillai et al. report the first case of hypopituitarism following envenoming by viper bite in Sri Lanka, review the literature and state that the first case of pituitary dysfunction caused by snake bite in the world literature was reported by Wolff (myself) in 1958 in south Brazil. They revise 49 subsequent cases described in English language literature, including their own patient.

The patient reported by me had been bitten by a Bothrops jararacussu and survived the envenoming. Based on then current literature, I conjectured that the hypopituitarism was a result of haemorrhagic and neurotoxic lesions in the hypothalamus and anterior pituitary resulting from the envenoming. Differently from other snakes of the Bothrops sp., B. jararacussu venom has a predominantly neurotoxic, besides the haemorrhagic, effect. A hypothesis maybe close to the current concept.

In 1975, Eapen et al. presented three new cases, after viper bite, from India, ‘perhaps the first reported’ in their own words. After reading Eapen’s abstract, I wrote him a letter including a reprint of my 1958 article. Dr Eapen replied that he was happy to know about my previously reported case, because people were distrustful of his report, some of them even laughing at him.

In 1987, Tun-Pe et al. described new cases of acute and chronic pituitary failure following Russell’s viper bite, in Burma, and referred to my case as the first reported in the literature. After that, I was informed that English researchers were planning to travel to South Brazil, in the hope for finding other patients, but were probably dissuaded from it, because there had been an almost complete extinction of B. jararacussu in those places, perhaps following the indiscriminate use of insecticides in agriculture. So much so that I, along with Prof. M. Golbert (unpublished data), tried in vain to find out new cases of hypopituitarism after snake bite at a first aid hospital in Porto Alegre, whereas in South Asia there has been an increasing number of reported cases.

In face of the facts reported above, I am taking the liberty to inquire: would it not be suitable to confer a nosological name to this syndrome with a definite etiology, instead of comparing it with Sheehan’s syndrome resulting from postpartum necrosis of the anterior pituitary? Owing to the precedence of my report in the world literature, it could be named after my name, at the discretion of authorities on Endocrinology and on Toxicology.

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References


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