Dear Editor,

Contamination with scorpion venom is a common problem in many tropical and subtropical countries, and is an important cause of morbidity and mortality, particularly in children.^[1] Failure to treat scorpion bites occurs frequently, mainly due to the peculiar distribution of scorpions to different parts of the world with inadequate access to medical treatment. This situation is very common in the tropics and subtropics, and in developing countries or under-developed countries where treatment with antidotes is difficult and records for estimating the number of cases are not available. ^[2] An epidemiological study of 11 regions of Saudi Arabia in a 5-year period reports 72,168 cases of scorpion sting. A study by K. Al-Asmani and colleagues conducted between 1986 and 2000 in Saudi Arabia found that scorpion stings occur most frequently in May (36%). Scorpion stings occur most frequently during summer (51%). Most scorpion stings reported in this study occured in adults.^[3] Another study conducted in Turkey between 1995 and 2004 years including 930 cases of scorpion stings reported that the highest incidence occurrs in July and, with 45.48% of attacks occurring in men and 50.22% in women, with individuals 20-29 years old attacked at the highest frequency.^[4] Global information about scorpion stings is poor and unreliable because most deaths caused by scorpion sting occur outside the hospital and among economically disadvantaged populations.^[5] In a cross-sectional study in East Azarbaijan, Tabriz between 2008 and 201,1 the visitors to all hospitals in Tabriz reported 1439 scorpion bites, with 807 (56.1%) occurring in males and 632 (43.9%) in females and 102 (7.1%) bites occurring in children less than 10 years old. Individuals included in the study were between ages 2 months and 83 years, and the age 21-30 years group had the highest frequency of scorpion bites at 484 (33.6%). The incidence of scorpion stings in urban areas is much more (1326, 92%) than in rural areas (112, 7.8%), occuring more frequently in the months of August (326, 22.7%) and July (322, 22.4%). Among these cases, 2 were fatal and the others were treated. Despite the number of scorpion stings in this area death is rare but the need for health education and methods for avoiding scorpion bites is great. Environmental hygiene is particularly important in urban areas where most scorpion bites occur.

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Dr. Samad Shams Vahdati¹ Narges Moradi²

¹Emergency Department, Tabriz University of Medical Science, Iran

²Nursing Faculty, Tabriz University of Medical Science, Iran

References

- Fukuhara YD, Reis ML, Dellalibera-Joviliano R, Cunha FQ, Donadi EA. Increased plasma levels of IL-1beta, IL-6, IL-8, IL-10 and TNF-alpha in patients moderately or severely envenomed by Tityus serrulatus scorpion sting. Toxicon 2003;41:49-55.
- 2. Ismail M. The scorpion envenoming syndrome. Toxicon 1995;33:825-58.
- 3. Al-Asmari AK, Al-Saif AA. Scorpion sting syndrome in a general hospital in Saudi Arabia. Saudi Med J 2004;25:64-70.
- Cesaretli Y, Ozkan O. Scorpion stings in Turkey: epidemiological and clinical aspects between the years 1995 and 2004. Rev Inst Med Trop Sao Paulo 2010;52:215-20.
- Isbister GK, Volschenk ES, Balit CR, Harvey MS. Australian scorpion stings: a prospective study of definite stings. Toxicon 2003;41:877-83.

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