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➤ **Category:** Toxicology & Environmental

ID: 147 - Effectiveness of FFP in Coagulopathy After Hemotoxic Snakebites: A Systematic Review & Meta-Analysis

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Abstract:

Background: Snakebite envenomation (SBE) is a life-threatening condition affecting millions globally, with an estimated 138,000 deaths annually. venom-induced consumption coagulopathy (VICC) is the most severe and common complication, leading to major hemorrhage. While antivenom neutralizes procoagulant toxins, clotting factor resynthesis takes time, leaving patients at risk of continued bleeding. fresh frozen plasma (FFP) is used to rapidly correct coagulopathy, but concerns exist about its potential risks. evidence regarding its efficacy remains conflicting, necessitating an evidence-based evaluation. this systematic review and meta-analysis aimed to assess the effectiveness of FFP in conjunction with antivenom (ASV) for resolving VICC.

Methods: Following PRISMA guidelines, we included randomized controlled trials and observational studies comparing ASV alone versus ASV with FFP in hemotoxic snakebite patients. The primary outcome was coagulopathy resolution (INR or 20-minute WBCT normalization), with secondary outcomes including mortality and adverse events. Heterogeneity was assessed using I^2 statistics, and the risk of bias was evaluated using the Cochrane RoB 2 tool and Newcastle Ottawa Scale. The certainty of evidence was assessed using the GRADE approach.

Results: Four studies with 370 patients were included. The pooled analysis showed that adjunctive FFP significantly increased the likelihood of coagulopathy resolution compared to ASV alone ($OR = 7.71$, 95% CI = 2.20–27.04, $p = 0.001$). No significant difference in mortality was observed ($OR = 4.96$, 95% CI = 0.55–44.60, $p = 0.15$). High heterogeneity ($I^2 = 67\%$) was noted, though subgroup analysis showed lower heterogeneity in studies using INR as the primary outcome ($I^2 = 25\%$). Adverse events were inconsistently reported, and the certainty of evidence was very low due to methodological limitations and small sample sizes.

Conclusions: FFP administered after antivenom improves coagulopathy resolution in VICC but has very low certainty of evidence. Further high-quality studies are needed.

➤ **Category:** Neurological (incl. stroke)

ID: 318 - Clinical Predictors of Reliable Diagnosis of Psychogenic Status in Adolescents

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Abstract:

Objective: To evaluate reliability in identification of psychogenic status (PS) in suspected status epilepticus (SE) cases based on clinical features.

Methods: This prospective study assessed suspected SE cases (12 to 17 years of age) in north Indian pediatric emergency between 1 April, 2018 and 31 March, 2025. Suspected SE cases were recorded for (a) history (b) past history of seizures (c) ongoing SE characteristics (d) laboratory markers for precipitating factors of provoked seizures and (e) electroencephalography (EEG). These entries were based on a template sheet filled by the on-duty emergency pediatrician. Burden of PS in suspected SE, agreement, coherence of responses with the final diagnosis based on EEG and patient follow up was analyzed. Based on the consistent description of PS, stratification was done for relevant signs and symptoms to establish an accurate PS diagnosis.

Results: Of 76 cases studied, 20 were excluded (lack of EEG data), 56 cases were included (22 PS and 34 SE). Recurrent non-specific pain abdomen and past history of PNES increased the likelihood of a diagnosis of PS with specificity of 84% and 93%, and positive predictive value of 80% and 96% respectively. Inability to clearly describe ongoing events consistent with SE increased the likelihood and the homogeneity among emergency pediatricians of a diagnosis of PS (64%).

Significance: This study demonstrates past history of PS and incoherent features during ongoing status as reliable predictors of PS. Strikingly, recurrent non-specific pain abdomen appears to be linked to PS suggesting gut-brain-axis involvement.

Key Words: Psychogenic Status, Psychogenic Non Epileptic Seizures (PNES), Gut-Brain Axis, EEG