

e Antibiotic prophylaxis after an alligator bite in KwaZulu-Natal Province

A volunteer doing vocational work experience at an crocodile farm in KwaZulu-Natal Province sustained a bite from an alligator on the wrist whilst feeding the animals (Figure 1). Reptilian bites require careful management as the oral flora of reptiles is diverse and that of their prey and wound infections are frequent. In addition, fractures may become complicated by osteomyelitis due to organisms causing wound infections. The following bacteria have been implicated in wound infections following reptilian bites:

- Enterobacteriaceae including *Serratia*, *Citrobacter*, *Proteus*, *Salmonella* spp and *Pantoea agglomerans*
- Non-fermenting Gram-negative bacilli including *Burkholderia pseudomallei*, *Pseudomonas aeruginosa*
- Fermenting, Gram-negative, oxidase-positive bacilli including *Vibrio vulnificus*, and *Aeromonas* spp
- Anaerobes including *Bacteroides* and *Clostridium* spp.
- Normal flora of human skin including *Staphylococcus* and *Streptococcal* species.

Antibiotic therapy with a third-generation cephalosporin with antipseudomonal activity, doxycycline

and metronidazole was advised. The clinician was also advised not to suture the wound. The patient has made an uneventful recovery

Source: Division of Public Health, Surveillance and Response, NHLS-NICD.



Figure 1. Puncture wounds on the left wrist of a volunteer by an alligator, shown on day 3 following the incident.