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irukandji syndrome

Irukandji syndrome is a term used to describe a set of systemic symptoms and signs following stings from some jellyfish, classically with a typical delay to the onset of symptoms – usually 20-30 minutes but sometimes as early as 5 or as late as 60 minutes.

The classical irukandji syndrome develops after a sting by the small carybdeid jellyfish *Carukia barnesi*. Other carybdeid jellyfish have been shown to cause irukandji syndrome. Jellyfish capable of causing irukandji syndrome are present both on- and off-shore in Australian tropical waters and are more common during the warmer months of the year.

The initial sting is usually quite mild but after a delay (typically 20-30minutes) there is an onset of severe back, chest and abdominal pain, muscle cramps, nausea, restlessness, anxiety, vomiting and profuse sweating. There may be shortness of breath and palpitations. The hands and feet are often cool with reduced blood supply, and there is often prominent piloerection ('gooseflesh') especially near the sting site. The pain may be constant or come in waves. The sting often causes high blood pressure, which in some cases rises to dangerous levels. A small proportion of victims develop impaired heart function a few hours after the sting, which may require complex supportive care.

The syndrome usually lasts a few hours but sometimes takes several days to settle, and many victims take some time to feel fully well again.

Two deaths have been attributed to irukandji syndrome, which were related to the consequences of extreme blood pressure elevation. This represents a fraction of one percent of known cases. The vast majority of victims make a full recovery and most are only briefly hospitalised.

If irukandji syndrome is suspected then an urgent request for assistance must be made. If there are lifeguards present they can commence care and summon an ambulance, otherwise a call to 000 should be made as soon as possible. If the sting has not already been doused with vinegar this should be done to inactivate any residual stinging cells on the skin, which if left intact may worsen the illness later. The victim should be observed constantly, reassured and kept as comfortable as possible.

Treatment is generally targeted at controlling pain and lowering blood pressure. Very occasionally, support for breathing or other body systems may be required. Ongoing symptoms sometimes occur and may need to be followed up. Treatment is evolving as more becomes known about irukandji syndrome.



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