

Skin Necrosis from a Spider Bite: A Case of Cutaneous Loxoscelia



Selma Benkirane*, Mounia Bennani, Sara Elloudi, Hanane Bay Bay and Fatima Zahra Mernissi

Department of Dermatology, University Hospital Hassan II, Morocco

Received date: January 28, 2020; Published date: March 04, 2020

*Corresponding author: Selma Benkirane, Department of Dermatology, University Hospital Hassan II, Fez, Morocco

Keywords: Skin necrosis; Spider bite; Cutaneous loxoscelia; Apyrexia; Sphingomyelinase D

Dear Editor

Let me send you a case of cutaneous loxoscelia. A 55-year-old woman from Tetouan, a region in northern Morocco, who has had diabetes for 6 years on insulin, reporting that she felt a sting in the right forearm while cleaning her home. The following day, she consulted for the sudden appearance of a pruritic and painless purplish erythematous plaque in the right forearm (Figure 1A) in a context of apyrexia and preservation of the general state, evolving a few hours later into an aspect of cockade centered by a bubble

(Figure 1B), the patient was put under local care but the evolution was marked by the appearance of a necrotic plate surrounded by an inflammatory halo (Figure 2). A biological test made of an NFS, TP, TCA, liver enzymes were normal, and the bacteriological samples were sterile. The diagnosis of cutaneous loxoscelism was suspected given the context. The patient underwent surgical debridement of the necrosis with local care and directed scarring with suitable dressing.



Figure 1: Purplish erythematous cupboard at the level of the right forearm (A) evolving towards a cockade appearance centered by a bubble (B).



Figure 2: Necrotic plaque surrounded by an inflammatory halo.

The loxoscelism is a serious form of poisoning by spider bites of the loxoscele kind very little described in the literature, the cutaneous attack is in the foreground with a skin necrosis in the extreme cases. Our case was one by supposed spider bite. These are small ubiquitous spiders that can be found around the Mediterranean where the species *Loxosceles rufescens* lives. The venom of loxosceles contains many enzymes, in particular sphingomyelinase D, which induces complement activation, hemolysis, platelet activation and vascular thrombosis. The positive diagnosis of osteo-osmosis ideally rests on the identification

of the responsible spider, which is rarely done in practice. In our observation, the diagnosis of cutaneous loxoscelism was considered very probable, in the absence of formal proof by capture of the spider. It is based on a set of arguments: biting or little painful bite, characteristic clinical presentation, elimination of differential diagnoses and presence of *Loxosceles rufescens* confirmed in the region (Mediterranean). The loxoscélisme is a pathology ignored by the practitioners thus under diagnosed, it must however be considered by the dermatologists like a possible cause of cutaneous necrosis.



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DOI: [10.19080/CTCMI.2020.04.555627](https://doi.org/10.19080/CTCMI.2020.04.555627)

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