Images in Clinical Tropical Medicine
A Case of Loxoscelism in Southern France

Thomas Hubiche,* Pascal Delaunay, and Pascal del Giudice

Unite´ de Dermatologie–Infectiologie, Centre Hospitalier Intercommunal Fréjus Saint Raphaël, Fréjus, France; Service de Parasitologie-Mycologie, Hôpital de l’Archet, Centre Hospitalier Universitaire de Nice, Nice, France; Institut National de la Santé et de la Recherche Médicale, Unite 895/Université de Nice-Sophia Antipolis, Nice, France

An 80-year-old man living in Fréjus in southern France had a cellulitis on the right arm (Figure 1). The patient had no fever, chills, systemic symptoms, or other clinical signs. He felt a slight pain in his arm during the night and while folding his arm, he crushed a spider. The spider’s body was immediately recovered and then identified by an entomologist (Figure 2). This typical skin lesion and the spider identification defined this spider bite as an envenomation by a Loxosceles sp. spider.1 The outcome was good after only antalgic treatment.

Infections with herpes zoster virus, herpes simplex virus, and Panton-Valentine toxin-positive Staphylococcus aureus can be misdiagnosed as necrotic arachnidism.1 Nevertheless, the characteristic red, white, and blue sign visible for the first few days (Figure 1) has been associated with loxoscelism. This sign is a consequence of erythema, ischemia, and thrombosis observed from the periphery to the center of the lesion. Loxosceles rufescens was suspected because it is endemic to Mediterranean regions (L. reclusa is not endemic to this region).2

* Address correspondence to Thomas Hubiche, Unite´ de Dermatologie–Infectiologie, Centre Hospitalier Intercommunal Fréjus Saint Raphaël, 240 Avenue de Saint Lambert, 83600 Fréjus, France.
E-mail: hubiche-t@chi-frejus-saint-raphael.fr

Figure 1. Skin reaction after a Loxosceles sp. spider bite, showing the red, white, and blue sign (arrows), day 0–13, southern France.
Acknowledgment: We thank Christine Rollard (Département de Systématique et Evolution, Unité de Taxonomie Collection, Section Arthropodes, Muséum National d’Histoire Naturelle, Paris, France) for help in identification of the spider.

Authors’ addresses: Thomas Hubiche and Pascal del Giudice, Unité de Dermatologie–Infectiologie, Centre Hospitalier Intercommunal Fréjus Saint Raphaël, Fréjus, France, E-mails: hubiche-t@chi-frejus-saint-raphael.fr and del-giudice-p@chi-frejus-saint-raphael.fr. Pascal Delaunay, Service de Parasitologie-Mycologie, Hôpital de l’Archet, Centre Hospitalier Universitaire de Nice, Nice, France, and Institut National de la Santé et de la Recherche Médicale, Unite 895/Université de Nice-Sophia Antipolis, Nice, France, E-mail: delaunay.p@chu-nice.fr.

REFERENCES


Figure 2. A. Enlargement of the head and eyes of the spider in B. Identification of the genus *Loxosceles* was based on six eyes in a curved row on the upper part of the body (prosoma). The species *L. rufescens* can be suspected because of the geographic location (southern France).