

Cutaneous-hemolytic loxoscelism in a pediatric patient

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Abstract. A clinical case of a pediatric patient with a picture compatible with cutaneous-hemolytic loxoscelism, who received the specific antivenom within the first 48 hours of the poisonous accident.

Key words: *Loxosceles; Cutaneous loxoscelism; Hemolysis; Compartment syndrome; Pediatrics.*



Figure 1. Day 1: development of the distinctive marble-like plaque.



Figure 2. Day 2: blisters with serosanguineous content.



Figure 3. Day 4: fasciotomy in operating room.



Figure 4. Day 68: growth of granulation tissue.

An 8-year-old child went to a health center after being bitten by an unidentified spider on her left arm while sleeping. During the anamnesis, the patient's mother claimed that the room where the accident happened was disused and it was cleaned hours prior to the event.

24 hours after the accident occurred, the patient showed edema and severe pain. She was transferred to a local health center where initial medical measures and a complete laboratory were performed. The initial blood test reported a white blood cell count of 16,500/mm³ (reference value

4,500-13,000/mm³), hematocrit of 38.2% (reference value 35-45%), bilirubin levels of 7.3 mg/dl (reference value of 0-1.2 mg/dl) with a direct bilirubin value of 0.2 mg/dl (reference value 0-0.2 mg/dl) and lactate dehydrogenase levels of 1.423 IU/l (reference value 150-500 IU/l). Upon clinical suspicion of a possible cutaneous-hemolytic loxoscelism, it was prescribed that the patient be taken to a high complexity medical center to be given the specific heterologous antivenom. After the injection the hemolysis improved, but the skin lesions continued to deteriorate. The region showed a larger edema and the aspect of the lesion continued to deteriorate, which had the characteristic marble-like plaque appearance along with blisters filled with serosanguineous content (Fig. 1 and 2). Four days after the event and under the suspicion of a possible compartment syndrome, a

fasciotomy was performed which ruled out signs of ischemia in muscle and tendon structures in the affected region (Fig. 3).

The clinical picture evolved without complications; the patient being discharged from hospital 20 days after the bite. Outpatient care was performed giving particular attention to the evolution of the granulation tissue of the wound (Fig. 4). Posterior monitoring was performed by the Plastic Surgery Service of the hospital, who completed the treatment with the aesthetic reconstruction of the affected region by performing an autograft.

Conflicts of interest

The authors declare no conflicts of interest.
