



# Regarding Insect Bites and Stings



### To the Editor:

After reading the article on how rare cellulitis is after a wasp sting (Challenges in Assessing and Treating Insect Bites and Stings, Kent A. Knauer, MD, *JUCM*, July/August 2007), I wonder if there are any cases where cellulitis happened only seven hours after the sting (swelling was 8 cm beyond sting site and first signs of cellulitis appeared as red patches with little red streaks two hours after occurrence) and was spreading at a rate of about 1 cm an hour along the lymphatic system and the veins.

(This is actually a scenario that just happened to me personally on August 3, 2007 after five wasp stings.)

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*Dr. Knauer responds:* In my 20 years of practice, I have seen only one case of an infectious complication from a sting.

It happened to be the husband of a nurse from our organization. I saw him the next day after a honeybee sting on the forearm. He had no allergic response, but had increased pain and swelling at the site. What seemed unusual to me was the extreme tenderness and pain apparent on exam.

Ultrasound proved an abscess, and it was drained by a surgeon an hour later. He recovered completely within a few days on a cephalosporin.

I guess this is an example of "never say never."

The take-home message is that the rare presence of severe pain or tenderness, or systemic symptoms such as fever or chills, suggests the complication of infection.

### To the Editor:

Thank you for your timely journal.

I read with interest the article on bites and stings by Dr. Knauer. It was very informative and reviewed all of the important tips on caring for bites and stings except one: Brown recluse spiders have a very well demarcated geographical area and there have been no documented bites outside of that area.

I have seen many of my colleagues here in North Carolina misdiagnose serious methicillin-resistant *Staph aureus* infections as brown recluse bites. Brown recluse spiders do not live in North Carolina. I have testified to such in a case in Florida and read some articles about people in Michigan who tried to sue their family doctor for diagnosing cellulitis and then having the emergency physician erroneously call it brown recluse spider bites. There are no brown recluse spiders in Michigan, either.

Please remind your readers to be very careful not to miss the diagnosis of cellulitis, especially MRSA cellulitis, by thinking the symptoms are the result of a brown recluse bite outside of the geographic domain of that spider.

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*Dr. Knauer responds:* I believe that it is true that the number of reported recluse bites in North America exceeds the estimated population. Unfortunately, rare things do happen.



*If you have thoughts on an article that appeared in JUCM, The Journal of Urgent Care Medicine (or on issues relevant to urgent care in general), please express them in a Letter to the Editor via e-mail to [editor@jucm.com](mailto:editor@jucm.com) or by "snail mail" to: Editor, JUCM, 2 Split Rock Road, Mahwah NJ 07430.*