

Blister beetle dermatitis in a zosteriform distribution

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Abstract

Blister beetle dermatitis is a unique dermatosis caused by a vesicating species of beetles. In Sri Lanka this dermatosis is caused by insects of the genus *paederus*. The reported cases so far had been localized lesions. Here we are reporting a case of blister beetle dermatitis seen in a zosteriform distribution.

Introduction

Blister beetle dermatitis is a particular type of irritant contact dermatitis caused by insects of the *paederus* group. Recently it has been reported with increasing frequency from Asian countries including Sri Lanka and India. The reported cases so far consisted of localized areas of irritant contact dermatitis with skin lesions consisting of papules, vesicles and crusted lesions distributed in a curvilinear manner. Herein we report a case of blister beetle dermatitis in a zosteriform distribution

Case

A previously healthy 9 year old girl presented to the paediatric dermatology clinic of the Lady Ridgeway Hospital with an acute onset of blistering eruption over the lower trunk of four days duration. The child had been apparently well and had complained of a burning sensation of the skin upon waking up in the morning. At the time she had been noted to have scald like erythema over the affected area and blister formation was seen on the anterior aspect of the abdomen which had ruptured spontaneously after 24 hrs.

Smaller lesions had appeared on the area surrounding the blister formation at the same time. Burning sensation had persisted until the time of the clinic visit but no fever or constitutional disturbances had been noticed. She gave a history of a similar lesions affecting the right thigh about one month back, that had resolved without treatment.

The mother of this child has had a similar illness on the back of the trunk about two weeks back.

Examination revealed an eruption in a band like distribution over the right side of the trunk involving T10 – T12 dermatomes both anteriorly and posteriorly. On a background of erythema a mixture of small papules, vesicles and erythematous crusts were seen, some with a necrotic centre.



Linear lesions in both transverse and vertical directions were noted.

Similar lesions but few in number were noted on the left side as well as on the T9 dermatome on the right side.

Discussion

Zosteriform lesions occur in many dermatological conditions including genetic as well as acquired conditions. The commonest acquired cause is herpes zoster which is monodermatomal in the immunocompetent. Each dermatome in a child on the trunk is few centimeters in width. In this patient though the eruption was polymorphic and Zosteriform in distribution the width of the lesional area was significantly larger than that of a single dermatome.

The presence of few lesions on the opposite side virtually excludes a diagnosis of Herpes zoster. Also

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the presence of transverse linear lesions, absence of constitutional disturbances and presence of similar lesions on a close contact who shares the bed with the patient all favors the diagnosis of zosteriform blister beetle dermatitis rather than Herpes zoster.

References

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