

Pyemotes ventricosus dermatitis: A serpiginous skin lesion caused by a mite

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Sir,

In August 2020, a 30-year-old Moroccan patient residing in a village in the town of Taounate, presented with an erythematous and pruritic lesion of the anteo-internal surface of the left thigh which appeared 2 days after handling the wood. Clinical examination revealed an erythematous serpiginous track extending cranially from an erythematous maculopapular lesion with a central vesicle (Fig. 1a). After having eliminated the other differential diagnosis including erysipelas with lymphangitis, erythema migrans due to Lyme disease and cutaneous larva migrans. We retained the diagnosis of *Pyemotes ventricosus* dermatitis. The patient was put on topical corticosteroid therapy and oral antihistamine, the lesions slowly disappeared (Fig. 1b).

Pyemotes ventricosus dermatitis is caused by the bite of a free-living ectoparasite *P. ventricosus* parasitizing the larvae of a wood beetle "Anobium punctatum". Humans can be incidental hosts when carrying wood [1]. A specific criterion for *Pyemotes ventricosus* dermatitis is a serpiginous erythematous track called "comet tail" and can roll out other skin reactions to other bites of arthropods. The comet tail is due to the transepidermal migration of ectoparasites [2]. It may be assimilated to the onset of lymphangitis. It has to be distinguished from lymphangitis which is characterized by erythematous, irregular, linear streaks extending from the primary site toward the draining regional nodes [3]. In our patient, the comet tail extended cranially to his elbow and not to a site of lymphatic drainage. Systemic symptoms such as fever, chills, vomiting, or intense headache have been reported in some observations [2].



Figure 1: (a) A maculopapular lesion with linear track extending cranially along the arm. (b) The control after 7 days.

To the best of our knowledge, this is the second case of *Pyemotes* dermatitis from Morocco [3].

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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