A previously healthy 35-year-old female was bitten on the anterior right thigh by a brown spider while dressing her trousers; the spider was stored and later identified as an adult female *Loxosceles anomala*. Clinical evolution involved a relatively painless bite with mild itching, followed by local, indurated swelling and a transient, generalized erythrodermic rash at 24 h post-bite. The local discomfort was progressive, and involved changes in the lesion pattern, with pain of increasing intensity. The patient was admitted 60 h post-bite, showing an irregular blue plaque surrounded by an erythematous halo lesion, located over an area of indurated swelling. Considering the presumptive diagnosis of cutaneous loxoscelism, she was treated with five vials of anti-arachnidic antivenom i.v. without adverse effects. There was progressive improvement, with no dermonecrosis or hemolysis; complete lesion healing was observed by Day 55. The clinical features and outcome were compatible with cutaneous loxoscelism and similar to those reported for other *Loxosceles* species.

**Keywords** Brown spider; Cutaneous loxoscelism; *Loxosceles anomala*

A previously healthy 35-year-old female was bitten on the anterior right thigh by a brown spider while dressing her trousers (1 p.m., time zero); the spider was killed and stored at the time of the bite for identification. Clinical evolution involved a relatively painless bite with mild itching. At 24 h post-bite the patient noted progressive local swelling with induration, associated with a transient, generalized erythrodermic rash that was most intense on the face and trunk. By 48 h post-bite, there was progressive local discomfort with pain of increasing intensity (stinging burning sensation) and changes in the lesion pattern. Photos of the lesion e-mailed by the patient to the Campinas Poison Control Center 57 h post-bite revealed an irregular blue plaque surrounded by an erythematous halo. There was no complaint of fever, pallor, jaundice, or change in urine color; a presumptive diagnosis of cutaneous loxoscelism was then made. The patient was admitted to the university hospital 3 h later and had an irregular lesion (6 cm × 4 cm) with the characteristics described above, located over an area (20 cm × 12 cm) of indurated swelling.

In view of the progressive signs of local envenoming, the patient was treated with five vials of anti-arachnidic antivenom i.v. [AV, Instituto Butantan, Brazil; 5 mL/vial containing F(ab')2 antibodies against *Loxosceles gaucho*, *Phoneutria nigriventer*, and *Tityus serrulatus* venoms] without adverse effects. Approximately 18 h after AV infusion there was a reduction in the pain and a qualitative clinical assessment that the lesion progression had been stopped; at this point, the patient was discharged. Sequential hemograms revealed no indication of hemolysis.

The patient did not develop dermonecrosis and complete lesion healing was observed by Day 55 post-bite. Fig. 1(A) and (B) shows the lesion aspect 6 and 55 days post-bite, respectively. On the fifth day post-bite, the patient brought the dead spider that had caused the bite, subsequently identified by an expert arachnologist (co-author RB) as a female adult of *Loxosceles anomala*.

The genus *Loxosceles* (Heineken and Lowe, 1832) has a worldwide distribution in temperate and tropical regions and comprises at least 100 species.**2-4** Envenoming by these spiders generally results in local dermonecrosis with gravitational spreading, whereas severe systemic complications, such as intravascular hemolysis and acute renal failure, are unusual.**3,4** The diagnosis of loxoscelism is difficult and rarely based on the identification of the spider, but on epidemiological data, historical findings, and clinical signs and symptoms.**3,4** In general, less than 15% of bitten patients bring the spider for identification; in addition, as the clinical signs and symptoms are not particularly pronounced during the first few hours after a bite, the patients usually present for evaluation only 24–48 h after being bitten.**3,4**
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Cutaneous loxoscelism caused by Loxosceles anomala

Most bites of Loxosceles in Brazil are caused by L. intermedia, L. laeta, and L. gaucho.3,4 Loxosceles anomala is an uncommon species,1 and no confirmed cases of bites by this species have previously been reported. However, the circumstance, clinical features, and outcome described here were compatible with cutaneous loxoscelism, and were similar to those reported for other Loxosceles species.3,4

AV has been used to treat clinical loxoscelism in Brazil since the 1960s and shows good cross-reactivity in neutralizing the dermonecrotic and lethal activities of several Loxosceles venoms in rabbits.5 Those who advocate the use of AV based on anecdotal and extensive clinical experience stress that AV therapy can be beneficial in decreasing the lesion size and cure time, and in attenuating the systemic effects.5

In conclusion, the clinical findings described here indicate that L. anomala venom probably shares similar activities with those of other Loxosceles species.

Fig. 1. Aspect of the local lesion 6 (A) and 55 (B) days post-bite, respectively. (A) Irregular blue plaque surrounded by an erythematous halo, resembling local vasculitis. (B) Complete lesion healing 55 days post-bite.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

References