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ANSWER TO PHOTO QUIZ (PAGE 142)  
REACTIONS AND COMPLICATIONS TO BITES

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## DIAGNOSIS

These pictures demonstrate typical skin lesions developed due to bites from bedbugs, and a situation of disseminated intravascular coagulation originating from secondary bacterial infections. The bedbug, *Cimex lectularius*, is a worldwide parasite that feeds nocturnally on humans.<sup>1,2</sup> Although economic progress and improved sanitation in developed countries have led to a steady decline in recent years, bedbugs continue to be a problem in tropical and subtropical regions of developing countries.<sup>3</sup>

Bedbugs most frequently attack exposed areas of the skin on the face, neck, hands or arms, but bites may be generalised. The bites are painless, and these bloodsuckers are not usually noticed unless large numbers are present. They grasp and penetrate the skin, inject an anticoagulant as well as pharmacologically active substances, and withdrew blood and liquefied epidermal tissue.<sup>4</sup> Reactions to the bites consist of wheals and papules with a small haemorrhagic puncture at the centre. Some patients show severe systemic hypersensitivity.<sup>4,5</sup> Secondary bacterial infections such as impetigo, ecthyma, cellulitis and lymphangitis may occur due to scratching and excoriation.<sup>4</sup> On the preparation of the treatment, the location of the bites, age, socioeconomic status and intellectual capacity

of the patient have to be taken into account. The goals of pharmacotherapy are to reduce morbidity and to prevent complications.<sup>5</sup> Minimal symptomatic treatment and good hygiene to prevent pruritus and secondary infection are sufficient in most cases. In the presence of a secondary infection, topical antiseptic lotion or antibiotic cream should be applied.<sup>3,4</sup> Efficient prophylaxis of systemic infectious complications requires early diagnosis and prompts aetiological treatment of mucocutaneous infections.<sup>6</sup>

## REFERENCES

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