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The differential diagnosis of urticaria

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Background: The Paederus beetle may reach 10mm long in adulthood. The insect does not bite or sting, nevertheless the accidental brushing against it or crushing it over the skin produces the release of hemolymph containing paederin, a great irritant which causes an inflammatory vesicular rash.

Case Report: A 13 year-old patient, of phototype IV, healthy, went to hospital presenting a double annular big erythematous plaque, kiss-shaped, with defined limits, on the surface, it had little pustules, without fluctuation and 3 days of evolution. The lesions were located at the right side of the neck, without itch, but with burned pain of moderate intensity. It did not have regional nodes. The patient explained that he had been playing at the park, without using insect repellent, 6 hours before the lesions appeared. Resorting to the clinic history and the epidemiology, the diagnosis was contact dermatitis by Paederus. The treatment consisted of the use of moderate potency topical corticosteroids once a day, per one week. The dermoscopy showed a rose zone with little pigmented lines, with parallel form, brown-yellow in some follicular open and white rounded structures.

Discussion: There are case reports in Australia, Africa, Asia, and South America.

Conclusions: The diagnosis could be done with the clinic story, however in the doubtful cases, the biopsy can prove very useful. We present an important dermoscopy key-notions which are described at the first time.

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