

Images in Infectious Diseases

Occurrence of erythematopurpuric patches upon contact with a myriapod (diplopod)

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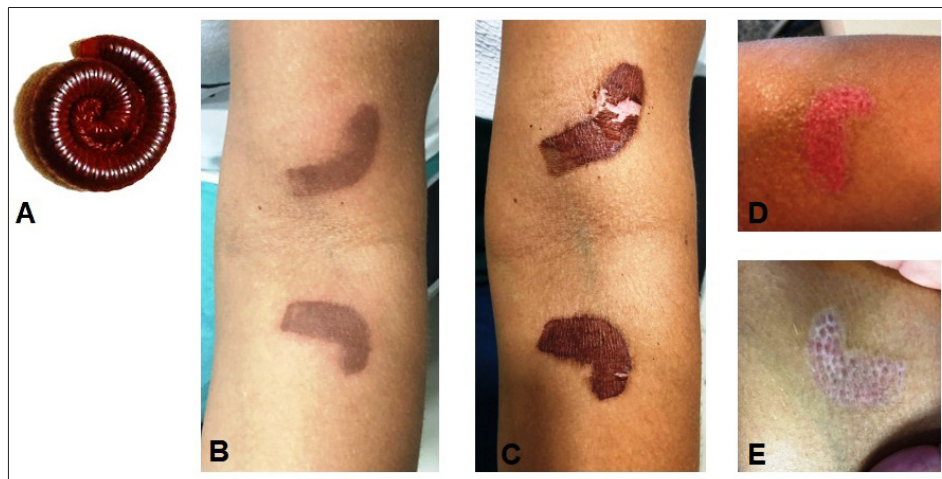


FIGURE 1: Lesion caused by a myriapod (diplopod). (A) Myriapod (diplopod) that caused the lesion; (B) Erythematopurpuric stained lesion; (C) Desquamation with achromia atop the damage; (D) Reactive erythema; and (E) Perifollicular hyperchromia.

A 40-year-old woman presented erythematous patches that evolved with hyperchromia on her left forearm after contact with a myriapod (Figure 1). She complained of a local burning sensation for the past 48 hours, and two mirrored erythematopurpuric patches of linear configuration were present in the left antecubital fold. We noticed the occurrence of marked epidermal necrosis

obscuring exogenous pigmentation, which is cited as the primary pathogenic mechanism. When pressed or crushed, diplopods tend to release chemical substances, such as quinones and hydrogen cyanide, that induce an erythematopurpuric inflammatory process followed by prolonged residual hypo- and/or hyperpigmentation¹. Hypopigmentation results from temporary intervention of the functional activity of the epidermo-melanin unit presenting increased melanin production at the epidermis basal layer, while confetti hyperpigmentation results from follicular melanin activity. The follicular unit constitutes adnexal reserve during regenerative processes in the skin generating hyperchromic spots of follicular size and density. These macules are usually serpiginous or rounded

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based on the diplopod's anatomical configuration. The tissue damage is proportional to the toxin's nature and volume and exposure time². During rapid exposure, only exogenous pigmentation may appear. However, extreme cases carry the risk of blister formation, ulceration, and epidermal necrosis². In this case, the inflammatory response induced epidermal necrosis, which was assessed using erythematopurpuric staining, followed by desquamation with achromia on the topography of the damage, reactionary erythema, and perifollicular hyperchromia (**Figure 1**). Such spots usually disappear after a few weeks or months without scarring³.

ETHICAL COMMENTS

The patient signed an informed consent form. Since this is a case report, ethics committee approval was not required.

AUTHORS' CONTRIBUTION

SAB and CFSJ: Participated in the medical care and writing of the scientific article; DUOM: Participated in the identification of the Myriapod and the writing of the scientific article.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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