

Letter to the Editor

Centipede bite

Dear Editor,

A 70-year-old man was bitten by a 9 cm-long centipede (*Scolopendra spp.*) on the dorsum of his right hand (Figure 1). There was an immediate-onset severe pain radiating proximally and mild localized swelling. Three hours later, at hospital presentation, examination revealed two punctures about 4 mm apart on the dorsum of his hand. Blood clots were also seen at puncture sites. There were mild swelling and erythema around the bite marks (Figure 2). The patient complained of severe pain and general malaise. His general physical examination was normal. The patient was treated by local injection of lidocaine, administration of pentazocine, hydrocortisone, chlorpheniramine, hand elevation, and tetanus prophylaxis.

The centipede species of medical importance, i.e. *Scolopendra spp.*, are responsible for the majority of the serious centipede envenomations^{1,2}. Their venoms are complex mixtures and, therefore, result in local and systemic reactions. Pain is the most frequent symptom and is often severe. After pain, localized swelling and erythema are the most common symptoms of centipede envenomations¹. Paresthesias at the site of the bite, local numbness, itching, burning, edema, bruises, blisters, hemorrhagic vesicles, necrosis, cellulitis, necrotizing fasciitis, lymphangitis and lymphadenitis have also been reported¹⁻³. Moreover, several allergy-like reactions have been described after centipede envenomations including severe itching, fever and chills, generalized rash, eosinophilic cellulitis, and anaphylaxis¹. Furthermore, numerous constitutional symptoms and systemic manifestations have been described in the literature^{1,2,4}: nausea, vomiting, headache, dizziness, anxiety, palpitation, chest pain, blurred vision, loss of consciousness, multiple neuropathies, cold sweating, dyspnea, myocardial ischemia and infarction, hematuria, hemoglobinuria, rhabdomyolysis, proteinuria, and acute renal failure. The treatment of centipede bites consists of local injection of anesthetics or systemic analgesics, topical and/or systemic corticosteroids, systemic antibiotics for secondary bacterial infections, antihistamines, and tetanus prophylaxis. Local application of ice, heat or immersion in hot water and extremity elevation have also been suggested^{2,5}. Although, our case was not so severe, the above-mentioned cases highlight that practitioners treating centipede bite should not consider it a simple one, as centipede envenomation may produce a variety of local and systemic manifestations that some of them may be very severe.



Figure 1. Centipede of *Scolopendra spp.* captured by the patient.



Figure 2. Centipede bites on the patient's hand.

Conflict of Interest

The author declares that he has no conflict of interests.

References

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