ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

OUTDOOR ECTOPARASITIC DERMATITIS BY STENEOTARSONEMUS SPIRIFEX (MARCHAL, 1902) (ACARI : TARSONEMIDAE)

L Stingeni⁽¹⁾ - K Hansel⁽²⁾ - M Tramontana⁽²⁾ - V Grelloni⁽³⁾ - S Principato⁽⁴⁾ - I Moretta⁽³⁾ - M Principato⁽³⁾

Clinical, Allergological And Venereological Dermatology, University Of Perugia,, Department Of Medicine, Perugia, Italy⁽¹⁾ - Clinical, Allergological And Venereological Dermatology, University Of Perugia, Department Of Medicine, Perugia, Italy⁽²⁾ - University Of Perugia, Department Of Veterinary Medicine, Perugia, Italy⁽³⁾ - Urania Research Center, Urania Research Center, Perugia, Italy, Perugia, Italy⁽⁴⁾

Background: Arthropod dermatitis are morphologically polymorphous, but all characterised by itchy and often severe symptoms.

Observation: The case of a man 67-year old referred to us for numerous asymptomatic erythematous-oedematous-papular lesions, localized on his penis and pubic region. The patient reported the lesions a few hours after he had slipped his hands in a garbage bag containing lawn grass of his garden, cut ten days before and slightly wet and mouldy. Soon afterwards, he went to the toilet, without washing hands. He cleaned them only after carrying out his need. In the suspicion of an ectoparasitoses, the patient brought the herb to the Urania Research Center of Perugia for an Indoor Dust Direct Examination. We isolated numerous Tarsonemidae mites of both sexes. The isolated specimens were different from those belonging to the same family that are commonly found in Italy. By using specific identification keys, we studied the taxonomy of these specimens and identified them as Steneotarsonemus spirifex (Marchal, 1902), a species of phytophagous prostigmate mites, present in Europe but not yet reported in Italy, and never described as agents of dermatitis in humans.

Steneotarsonemus differs from the other genera of Tarsonemidae for the characteristic trunk aspect of the gnatosoma, with short curved chelicerae, for the posterior legs of the male with a large cuticular expansion of the characteristic femur (hyaline membrane), together with a specific dorsal propodosomal chaetotaxy. The tibio-tarsal segment of the I pair of female legs and the lanceolate shape of the pseudostigmatic organ are also typical. We identified the species spirifex.

Key Message: The reported case is peculiar for the exclusive localization of ectoparasitic skin lesions to external genital areas and for the absence of itch. The cleansing of the patient's hands immediately after urination has probably prevented similar manifestations





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