



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## ERYTHEMA MULTIFORME TRIGGERED BY A SPIDER BITE: A CASE REPORT

*Nadia Nabli<sup>(1)</sup> - Nadia Ghariani Fetoui<sup>(1)</sup> - Najet Ghariani<sup>(1)</sup> - Marouene Belkahla<sup>(1)</sup> - Rima Gammoudi<sup>(1)</sup> - Lobna Boussofara<sup>(1)</sup> - Wafa Saidi<sup>(1)</sup> - Sana Mokni<sup>(1)</sup> - Amina Aounallah<sup>(1)</sup> - Colandane Belajouza<sup>(1)</sup> - Mohamed Denguezli<sup>(1)</sup> - Rafiaa Nouira<sup>(1)</sup>*

*Farhat Hached Hospital, Departement Of Dermatology, Sousse, Tunisia<sup>(1)</sup>*

**Introduction:** Spider bites are frequent but typically cause minor, self-limited symptoms. Systemic reactions are rarely observed. Here, we report an exceptional systemic manifestation of a spider bite presenting as erythema multiforme (EM).

**Case report:** A 26-year-old female patient, with no medical history of recurrent infections, presented with an erythematous plaque under her right breast that had a necrotic center associated with a dermo-hypodermatitis of the upper part of the right hemithorax. She was bitten by a spider 7 days earlier. She did not receive any systemic or topical medication. On the 5th day following the spider bite, a targetoid and acral rash appeared on the hands and feet, that was completed within 48 hours with no mucosal involvement. General laboratory analysis was negative. Serological detection tests for *Mycoplasma pneumoniae*, anti-human immunodeficiency virus antibodies and anti-herpes simplex virus types 1 and 2 antibodies of both immunoglobulin G and M types were negative. The clinical features were so suggestive of EM that no histological confirmation was required. The diagnosis of EM induced by a spider bite was discussed and was further supported by a rapid and complete remission under topical steroids.

**Discussion:** EM is an acute, immune-mediated condition characterized clinically by erythematous plaques or papules that evolve into targetoid lesions symmetrically distributed mostly on the distal parts of the extremities. Herpes and mycoplasma infections are the most frequent causes of EM. To best of our knowledge, only one case of EM triggered by a spider bite is reported in the literature. As observed in our patient, the diagnosis is mainly based on the clinical history, the typical clinical presentation and the negativity of laboratory tests. Through this case report, we suggest that spider bites may be added to the list of the possible causes of EM.

