



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

VESPIDAE VENOM ASSOCIATED PSEUDOCCELLULITIS

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Background: Large local reactions occur in approximately ten percent of those stung. The area affected enlarges over one to two days, resolve over 5 to 10 days and are approximately 10 cm in diameter. Cellulitis, on the other hand, become dramatically worse three to five days after being stung, and is associated with a systemic response, for example, fever. Lymphangitic streaks may be seen in both.

Observation: A middle aged Chinese lady presents to the emergency department with worsening swelling of the anterior forearm, erythema and pain associated with itch following a wasp sting 4 days ago. The stinger was not lodged. She was pre-treated with oral antibiotic and anti-microbial creams outpatient with no improvement. Total white and C-reactive protein were normal. Examination revealed a 15 x 10cm localized swelling with erythema. She was treated with 2 doses of antibiotics during her stay for cellulitis with overwhelming improvement overnight. When the diagnosis of a large local reaction to wasp sting was made, antibiotics were discontinued and she was discharged.

Key Message: Vespids are present in Singapore. Large local reactions can be mistaken for cellulitis. When in doubt, treat for possible superimposed cellulitis with antibiotic. In the case of a large local reaction, acutely, cold compress, steroids, non-steroidal anti-inflammatories and anti-histamines can help with swelling, pain, and itch. Prevention and education for systemic allergic reactions, the most severe of which would be anaphylaxis are paramount in the long-term with considerations of epinephrine auto-injectors. Venom immunotherapy can be performed for those with high morbidity.

