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Bullous eruption due to *Cimex lecticularis*

1. Tharakaram

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Author Information

Department of Dermatology, Wordsley Hospital, Stourbridge, UK

* Tharakaram Wordsley Hospital, Stream Road, Stourbridge DY8 5QX, UK. Tel/Fax: + 44 1384 244512.

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S IR, An 18-year-old man saw his general practitioner on the October 1 1996 with a 2-week history of an itchy, erythematous rash occurring mainly on the front and back of the trunk. The rash had evolved into a vesiculo-bullous eruption over 1 week (Fig. 1) on the trunk, buttocks, backs of the thighs, arms and on the sides of the body when seen as a dermatology referral on October 16 1996. Areas of the rash had a central red punctum and vaguely simulated target lesions of erythema multiforme. He was otherwise well and felt the rash was very itchy and associated with a headache. There were no penile or oral lesions. He had joined University 6 months previously and felt that the rash was worse when he went to stay in the University accommodation and was much better when he came back home. He was not aware of an insect bite. Skin biopsy showed intra- and subepidermal bullae with an inflammatory infiltrate composed mainly of lymphocytes, histiocytes and some neutrophils and eosinophils (Fig. 2) Immunopathology was negative and no viral particles were seen. There was no relevant drug history antecedent to the development of these lesions. Further history revealed that his hostel room was infested with insects which were diagnosed, by an entomology team, to be *Cimex lecticularis*, the common bed bug. An insect control team was employed and successfully eradicated the insects.

Figure 1. Bullous and erythematous target-like lesions.

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Figure 2. Histopathology of the bullae showing many eosinophils.

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The occurrence of a bullous eruption in a young person leads to a differential diagnosis, and initially, erythema multiforme was suspected. However, this patient did not have the typical target lesions and did not have significant constitutional symptoms. The lesions of pemphigus are made up of flaccid bullae and oral lesions are usually present whereas the lesions in our patient were tense bullae and there were no oral lesions; in addition, pemphigus patients are very unwell, this patient was not. Porphyria cutanea tarda can produce bullous lesions but these occur predominantly on sun exposed areas. Dermatitis herpetiformis can present with a very itchy rash but in our patient immunopathology was negative. Infective lesions, such as

herpes simplex, may present as a widespread bullous eruptions in the immunocompromised patient but there would be significant constitutional symptoms.

Bed bugs have been described by Alexander [1] to produce four types of rash: (i) papular lesions with a central punctum with a tendency to grouping, often in a linear fashion, this is supposed to represent a mild sensitivity reaction; (ii) groups of small vesicles together in an area of about 3 cm^2 were produced by a single bite, there is underlying erythema and moderate swelling but a central punctum is not usually seen; (iii) giant urticaria with weals up to 20 cm across and associated with deep-seated brawny oedema, a central punctum can sometimes be seen with this reaction; (iv) heamorrhagic nodular or bullous lesions of the hands and feet may resemble erythema multiforme but are unilateral, there may be associated lymphangitis and lymphadenopathy that are unresponsive to antibiotics.

Bed bugs prefer the ankles, legs, buttocks, neck and shoulders. The distribution of the rash will be influenced by whether or not the person wears bedclothes when going to sleep. Bullous lesions occurred as an epidemic amongst women passengers on an infested Dundee tram car; [2] in this case the lesions occurred in horizontal rows at the upper end of the calf where it had been in contact with the wooden seat harbouring the bed bugs. Patton and Evans [3], while working in the Indian Medical Service, noted that the furniture in the Indian railway stations was infested with bed bugs and people sitting there experienced urticarial and bullous rashes. An anaphylactic reaction has also been reported to bed bug bites. [4] Bed bugs can transmit infection but the clinical significance of this is not known. The elimination of bed bugs would need the services of trained insect control teams as these insects are notoriously difficult to get rid of.

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