

Case report

Itchy dermatitis from *Gynaikothrips ficorum* March in a family group

Piu G, Ceccio S, Garau MG, Melis S, Palomba A, Pautasso M, Pittau F, Ballero M. Itchy dermatitis from *Gynaikothrips ficorum* March. Allergy 1992; 47: 441-442.

G. Piu¹, S. Ceccio², M. G. Garau¹, S. Melis¹, A. Palomba¹, M. Pautasso¹, F. Pittau², M. Ballero³

Centro Allergologia ed Immunologia Clinica¹ and Sezione Rilevamento Ambientale Atropodi. Ospedale G. Brotzu USL 21, Cagliari² and Istituto di Botanica, Università di Cagliari³, Italy

This study reports on the occurrence of an itchy dermatitis in all 4 adult members of a family, 2 men and 2 women, following infestation in the family environment with *Gynaikothrips ficorum*. The skin manifestations and the environmental study are described.

Key words: dermatitis; *Gynaikothrips*; Cagliari.

G. Piu, Centro Allergologia ed Immunologia Clinica, Ospedale G. Brotzu USL 21, Cagliari, Italy

At the end of the month of August 1990, 4 adult patients, 2 men and 2 women, belonging to the same family, presented at the Allergological and Immunological Clinic of the USL 21 Brotzu Hospital, Cagliari. They had been suffering from intensive itching and skin lesions for about a week. This did not appear to be associated with the intake of any drug or particular aliment. After an accurate investigation of their life habits (the use of soap, deodorants, detergents) and of their dwelling place, it was possible to determine *Gynaikothrips ficorum* March. (*Thysanoptera*, *Tubulifera*) as the etiological factor. The pathological role of this thrips has been presented in general by Pisano (2) and more specifically by Goldstein (1), who have attributed important skin manifestations to this thysanopter in Hawaii and Florida.

Material and methods

The family comprised 4 apparently healthy adults, 2 men and 2 women. Their anamnesis for atopic or parasitic pathologies was negative.

A separate objective clinical examination showed presence of variously developed lesions. These initially presented as blisters with more or less erythemas and irregular edges, very itchy and with ischemic halos. The initial lesion moreover presented a small red dot in the middle, probably due to the direct action of the mouth organs of the insect. The

lesions were prevalently on the trunk, and upper and lower limbs, and more rarely on the face, hands and feet. All the patients were afebrile and asymptomatic (apart from itching). Their blood tests (ESR, full blood count with stained blood film, Ig) were repeatedly within the normal range. Total IgE assay, though not a specific atopic index, was within the normal range.

Samples of the patients' family environment were taken by means of an automatic aspirator. The material collected (dust, moulds and pollen) was systematically examined in all its components and it was established that *Gynaikothrips ficorum* was the only etiological factor causing the skin manifestations.

Discussion

From the clinical examination of the patients and the study of their environment it was possible to attribute the skin lesions only to the direct action of the insect. The lesions had to be ascribed to an insect with an piercing sucking buccal apparatus such as *Gynaikothrips ficorum*.

Antihistaminic symptomatic therapy was the only treatment applied.

In our opinion the importance of this observation is associated with the constant, though often neglected, relationship between clinical picture and environmental ecology. The introduction in the urban

area of Cagliari of a non-autochthonous species such as *Ficus retusa* Desf. has caused an important infestation with this specific phytophagous phytopathogen.

An extension of their ecological niche with the consequent increase in the number of thrips in the atmosphere is to be expected, considering the extensive planting of *Ficus* and the effect of the local microclimate which, due to its high humidity and temperature, favours the development of these thrips. It would therefore be advisable to suspend the planting of these species in order to avoid subsequent similar manifestations.

It is our intention to carry out further environmental and diagnostic tests such as the search for possible allergens present in the insect by the use of extracts specially prepared for skin tests and RAST.

References

1. GOLDSTEIN N, SKIPWORTH GB. Papular eruption secondary to thrips bites. J Am Assoc 1968; 203: 107-10.
2. PISANO P. Su un caso di comportamento anomalo di tipo gregario (puntura sull'uomo) osservato a Cagliari in *Gynaikothrips ficorum* March. (Thysanoptera, Tubulifera, Phleothripidae). Rendiconti Fac Sci Univ Cagliari 1986; 56: 57-61.

This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.