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REDBACK SPIDER BITE TO A VET

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Mid-afternoon

In 2009, I was clearing up garden rubbish (including old tin and rotting wood etc) on our farm 120km from our inner Melbourne suburban vet practice and home. Mid- afternoon I got annoyed by what felt like a grass seed poking into the front of my left ankle. Eventually, 10 to 15 mins later I took off my boot and sock and found not any grass seed but a very recently squashed Red-Back Spider (nearly full size and I still have the 'sod'), and nearby, two 5mm diameter inflamed areas each with a central dark red spot.

I assumed I had been bitten by the spider and that I would not suffer any major effects, and so continued the day's odd jobs—it was only annoyingly very itchy at that stage, but gradually became more and more intense—deep pins and needles from metatarsals to very low tibia as I recollect. I was able to drive safely, and arrived at another property approx. 30 km from Melbourne aiming to stay the night for other chores the next morning.

Evening

About 10pm that evening when it was getting more intense, I phoned 'nurse on call'. They indicated that if the pain was sensibly bearable, to see my own GP in the morning. I think at this stage I asked

how long they thought symptoms might last and was told possibly 3 to 4 weeks without antivenene treatment.

Around 11pm, I started to get IDENTICAL intense pins and needles in EXACTLY the same position in the right ankle! I had no nausea, diarrhoea, ataxia, blurred vision, or mental aberration. The general level of pain increased, (scratching or massaging made no difference) but was still tolerable and I was extremely restless and did not sleep a wink overnight.

24 hours later

Approximately 2pm the next day, I visited the local GP in Melbourne but they had no antivenene, and so made arrangements to go to the Epworth (large Melbourne hospital) emergency department at 2.30pm. I received a single dose of C.S.L. Redback Spider antivenene I/V over approximately one hour, and began to feel better half way through and nearly fully normal an hour after I/V finished.

Then how's this for a fluke?

Out of the blue, the head of the toxicology department walked in and we got chatting. He then started to explain to me (1966 graduate) that a reflex arc? via the spinal cord was responsible for the well-known occurrence of identical pain in the identical position in the other leg. Interestingly, a young admitting nurse had heard of identical symptoms in the other leg, but the 60-year-old medico had not—it is hard to know everything! I have had no long-term local or systemic effects.

Could any of this information be included in any useful way in a presumptive /differential diagnosis of Redback Spider bite in especially dogs?

Would a dog get the same aggravating pins and needles type effect (and I guess bilaterally), and how would we humans pick that up? The astute owner may hold some clues here.

References

Emergency Department Guidelines for Spider Bite

The Red Back Spider (*Latrodectus hasselti*) is usually found in dark, dry places. Envenomation (latrodectism) can be very painful but is usually non-life threatening. The main symptom is pain, which builds over minutes to hours and may last for days. The efficacy of RBS antivenom has been questioned. It should be considered for cases of persistent pain or distress after adequate analgesia and should only be administered after consultation with an ED consultant or a clinical toxicologist.

<https://pch.health.wa.gov.au/For-health-professionals/Emergency-Department-Guidelines/Spider-bite>

Study Finds Nerve Damage Can Affect Opposite Side Of Body

April 13, 2004

Massachusetts General Hospital

Researchers from Massachusetts General Hospital (MGH) have found physical evidence of a previously unknown communication between nerves on opposite sides of the body.

Reports of opposite-side sensory effects of injury date back to the American Civil War.

'Patients with pain syndromes related to nerve damage sometimes report symptoms on the side opposite their injury as well, but those reports are usually discounted because there has been no biological framework for the phenomenon,' says Anne Louise Oaklander, MD, PhD, director of the MGH Nerve Injury Unit, the report's principal author. 'Our evidence means that these reports can no longer be ignored and gives us a new direction for research'◆

Editor: We'd love to hear your comments on John's question. Please email: cve.marketing@sydney.edu.au



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Opposite-side-sensory-effects



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CUTANEOUS XANTHOMATOSIS

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Kenzie is a 2-year-old female neutered Domestic short hair cat. She was found on a farm with three other kittens (presumed litter mates), who were fostered out as a litter until Kenzie was adopted by our client when she was 17 weeks-of-age. She was fully vaccinated as a kitten and was desexed by the rescue.

Her owner brought her to our clinic because she had abrasions on her ears, bald spots on her hocks, a lip lesion and redness between her paws (see Figure 1, 2 and 3).



Figure 1. Lesions on face

She had been to another veterinary clinic several weeks prior for the same skin lesions where she was treated with a long-acting antibiotic and long-acting steroid injection (her owner did not have details of what these were; presumed Convenia® and depomedrol). Her owner thought that she responded to these injections and the lesions healed within a couple of days.

She was an inside-only cat, who was harness trained but had not been outside in months. She had been previously treated with Bravecto® topical for the 6 months prior, which her owner thought made her a bit unwell. She was on a diet of wet food (Royal Canin and Black Hawk), freeze-dried