



ELSEVIER

Re: Approach and management of spider bites for the primary care physician (Ashurst et al. Osteopathic Family Physician 3(4):149-153, 2011)

To the Editor:

In the article "Approach and management of spider bites for the primary care physician" by Ashurst et al, the overall message stated in the conclusion was correct, although the introduction had a significant error. The statement with reference number 4 (Bennett and Vetter) should have read differently. The exact quote is "In North America, many medical conditions that cause dermonecrosis have been misdiagnosed as the effects of bites from brown recluse or other spiders, and fully 80% of spider-bite diagnoses are erroneous." In addition, there are no species of spiders that have been identified as *poisonous*; they are all venomous, although most venom is species-specific and harmless to mammals.

As I stated in a letter to the editor in the October 1, 2007 issue of *American Family Physician*, spider bites do occur, but they are the exception and not the rule. Please refer to my letter as well as Reitz's and the authors' reply.

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Reply

To the Editor:

We greatly appreciate the comment from Dr Kemerer about our recent article on spider bites. Dr Kemerer points out a valid statement by saying that the quote "However, 80% of spider bite diagnoses are missed due to the relative lack of toxicity seen in the patient and a presumptive diagnosis of a skin infection is made" is inaccurate. According

to Bennett and Vetter, "In North America, many medical conditions that cause dermonecrosis have been misdiagnosed as the effects of bites from brown recluse or other spiders, and fully 80% of spider-bite diagnoses are erroneous."¹ Moreover, Suchard has shown that 85.7% of patients presenting to the emergency department with a presumed spider bite were diagnosed with an infectious process.²

Second, a poison is defined as a substance that, when ingested, inhaled, absorbed, injected into, or developed within the body, will cause damage to structures of the body and impair or destroy their function.³ Although a venom is defined as a toxic fluid substance secreted by some snakes, arthropods, and other animals and transmitted by their stings or bites,³ the distinction between poisonous and venomous is how the substance is delivered. Current teaching is that although spiders are venomous, they should be labeled poisonous only if they make the patient ill after ingestion. Neither the black widow nor brown recluse are poisonous; however, both are venomous.

We would like to thank Dr Kemerer for acknowledging the inaccurate reference and providing a valid argument for whether a spider should be classified as poisonous or venomous.

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References

1. Bennett RG, Vetter RS: An approach to spider bites. Erroneous attribution of dermonecrotic lesions to brown recluse or hobo spiders in Canada. *Can Fam Physician* 50:1098-1101, 2004
2. Suchard JR: "Spider Bite" lesions are usually diagnosed as skin and soft-tissue infections. *J Emerg Med* 41:473-481, 2011
3. *Mosby's Dictionary of Medicine, Nursing, and Health Professions*. St. Louis, MO: Mosby Elsevier, 2006.