

## Rapidly progressive skin ulcer following an arachnid bite

### Úlcera cutânea de rápida progressão após uma picada de aracnídeo

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A 40-year-old man with no relevant medical history presented with a 3-day history of a rapidly progressive abdominal ulcer following a witnessed, minimally painful spider bite in an urban area in northern Portugal. The spider was described as small (~1 cm) and brown in color. The patient developed a small pruritic papule that became violaceous, with an erythematous halo and pain within 24 h (Fig. 1A). Over the next 2 days, this progressed to necrosis, exudation, and severe pain (Fig. 1B), without fever or systemic signs. Initial laboratory evaluation revealed no systemic inflammatory response, rhabdomyolysis, or acute kidney injury,

and ultrasonography excluded abscess formation. The patient initially declined hospitalization and was discharged with amoxicillin-clavulanate, non-steroidal anti-inflammatory drugs, acetaminophen, and antihistamines, with reassessment scheduled in 4 days. He returned after 2 days due to worsening local symptoms, with increased exudation and intense pain (Fig. 1C). He was admitted for 6 days of parenteral antibiotics, wound care with topical tetracycline for its antitoxin effect<sup>1</sup>, and analgesia. The lesion progressively improved, with complete recovery within 1 month (Fig. 2).



**Figure 1.** Evolution of the abdominal skin lesion following an arachnid bite. **A:** centrally necrotic lesion with surrounding erythematous plaque, photographed by the patient 24 h after the bite; **B:** progressive dermonecrotic ulcer with peripheral erythema, photographed in the emergency department 72 h after the bite; **C:** dermonecrotic ulcer after initiation of antibiotic therapy, photographed in the emergency department 5 days after the bite.

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Received: 23-12-2025

Accepted: 04-02-2026

DOI: 10.24875/PJDV.25000102

Available online: 26-03-2026

Port J Dermatol and Venereol. (ahead of print)

[www.portuguesejournalofdermatology.com](http://www.portuguesejournalofdermatology.com)



**Figure 2.** Resolution of the skin ulceration 1 month after the arachnid bite.

This case illustrates a rapid progression to ulceration and necrosis following an arachnid bite, a phenomenon described with certain species<sup>2</sup>. In Portugal, *Loxosceles rufescens* may be found nationwide<sup>2</sup>. Although specimen confirmation was not possible, the clinical course and temporal association with a witnessed, minimally painful bite by a small brown spider are compatible with cutaneous loxoscelism<sup>3,4</sup>, highlighting the importance to consider it in the differential diagnosis of dermonecrotic ulcers.

## Funding

None.

## Conflicts of interest

None.

## Ethical considerations

**Protection of human subjects and animals.** The authors declare that no experiments on humans or animals were performed for this research.

**Confidentiality, informed consent, and ethical approval.** The authors have followed their institution's confidentiality protocols, obtained informed consent from all patients, and secured approval from the Ethics Committee. SAGER guidelines have been followed as applicable to the nature of the study.

**Declaration on the use of artificial intelligence (AI).** The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.

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