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Acute superficial lymphangitis following pigeon mite bite

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DESCRIPTION

A medical resident woke up in the night with an intense itch of the left wrist and recovered a tick nearby. The bite mark over 2 days progressed as a long linear erythematous, swollen and tender streak extending up to the axilla along the medial aspect of the upper limb (figures 1 and 2) along with a tender axillary lymphadenopathy. A Doppler ultrasound revealed normal venous system with a long linear hypochoic area extending from the left wrist to the axilla suggestive of superficial lymphangitis. A few more mites were recovered from the room and from a pigeon nest that the resident sported near the window ledge. The mites were identified as the pigeon mite *Argas reflexus* (figure 3). The resident was treated with local calamine, antihistaminics and prednisolone for 5 days and recovered fully.

Acute lymphangitis following arthropod bites is rare and can mimic bacterial lymphangitis. Pigeon mites are tiny eight-legged parasites that feed on the blood of warm-blooded animals. Pigeon mites are happy to feed from baby pigeons, but when the babies leave the nest they migrate out into the human-occupied area.¹ There have been few reports of dermatological involvement with pigeon mites with intense pruritus and urticaria.² Feather mites are also potential source of allergens for pigeon and budgerigar keepers. *A. reflexus* has been known to carry *Borrelia anserinae* leading to avian spirochetosis in pigeons characterised by diarrhoea, fever and paralysis.³ Residents need to be wary of the condition for proper recognition and management and adoption of appropriate control measures.

Figure 1 The bite site.

Figure 2 The red streak.

Figure 3 The mite.

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Patient consent Obtained.

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