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 hypoechoic 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. *Reflexus* has been known to carry *Borrelia anserina* 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 2  The red streak.

Figure 3  The mite.
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Competing interests None.

Patient consent Obtained.

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