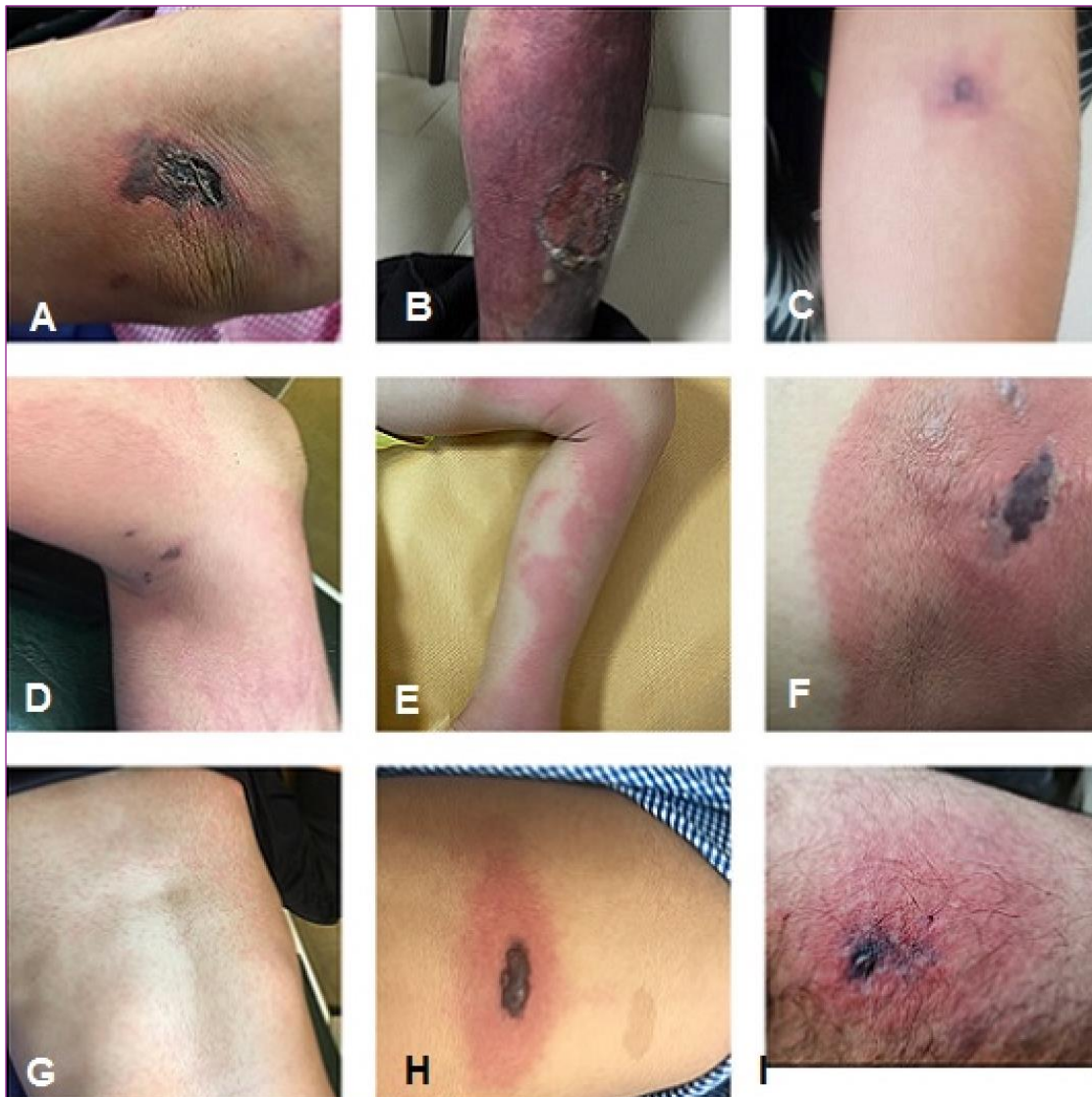


## SKINimages

Cutaneous Manifestations of the *Hemiscorpius lepturus* StingsHossein Sanaei-Zadeh, MD<sup>1</sup><sup>1</sup> Department of Emergency Medicine, Shiraz University of Medical Sciences, Shiraz, Iran

**Figure 1.** Cutaneous manifestations of *H. lepturus* stings. Pictures A, C, F, H and I show necrosis or bullae with concentric erythema and inflammation around them, which are typical lesions for *H. lepturus* stings. Picture B shows an extensive ulcer with purpuric plaques, picture D shows necroses with localized erythematous plaques, picture E shows lymphangitis, and picture G shows generalized petechial eruptions. All photos are original.



**Figure 2.** *Hemiscorpius lepturus*. The adult *H. lepturus* measures approximately 5 to 8 cm in length, with the male's tail being longer than the female's. This scorpion is distinguished by its wide claws with dark tips, setting it apart from other medically important yellow scorpions.

The only deadly scorpion in the world whose sting can cause cutaneous lesions is *Hemiscorpius lepturus* which is called *Gadim* in the Persian language.<sup>1</sup> This scorpion is endemic to Iran, Iraq, Yemen and Saudi Arabia.<sup>2</sup> The clinical manifestations of *H. lepturus* sting can present in three forms: cutaneous, systemic, and simultaneous cutaneous and systemic manifestations. Due to the small size of this scorpion's sting, it is painless, and the clinical manifestations usually appear 12 to 24 hours after the sting.<sup>1</sup> Systemic symptoms of the *H. lepturus* sting include drowsiness, confusion, fatigue, irritability, restlessness, hyperthermia, pallor, sweating, headache, abdominal pain, nausea, vomiting, hypotension, cool extremities, tachycardia, muscle spasms, seizures, leukocytosis, microscopic hematuria, hemoglobinuria, myoglobinuria (due to rhabdomyolysis), proteinuria, hemolytic anemia, elevated liver enzymes, increased prothrombin time and partial thromboplastin time, disseminated intravascular coagulation, hemolytic uremic syndrome, and acute kidney injury.<sup>1,3</sup> I would like to share some photos of cutaneous lesions following the sting of this scorpion that I have collected over the past few years

(**Figure 1**). It is yellow in color and has wide claws with dark tips, which distinguishes it from other medically important yellow scorpions (**Figure 2**).<sup>1</sup> One possible differential diagnosis for these cutaneous manifestations is *Loxosceles rufescens* spider bites.<sup>1</sup> The treatment includes administering scorpion antivenom, antibiotics, antihistamines, anti-inflammatories and, if needed, skin grafts.<sup>1</sup>

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