

Stings from the Puss Caterpillar

There are several caterpillars in Maryland that have the ability to sting humans, including flannel moth caterpillars and saddleback caterpillars. The Maryland Poison Center has recently been consulted on cases of stings from the puss caterpillar, a newcomer to our area. The puss caterpillar (*Megalopyge opercularis*) feeds on a variety of trees in Maryland in the summer and early fall. It is about one inch long and is covered with a tan, brown or gray wooly coat, giving the appearance of a tuft of hair or fur. When touched, the hairs break off and penetrate the skin. These hollow hairs contain toxins that produce local and systemic effects.



The puss caterpillar sting is considered to be the most severe of the stinging caterpillars. Intense pain that radiates proximally from the site of the sting often occurs within minutes. Dermatitis, consisting of itching, redness, edema and/or vesiculation, may be immediate or delayed several hours. Often, a distinct pattern resembling the caterpillar will be seen on the skin. The duration of pain and dermatitis may be as long as 7-10 days. Rarely, systemic symptoms such as restlessness, vomiting, tachycardia, muscle spasms, seizures and anaphylaxis occur. The severity of the reaction varies depending on the degree and location of the sting as well as individual sensitivity.

The hairs that remain embedded in the skin may be removed by using adhesive tape or Scotch tape. Symptomatic treatment of local symptoms consists of antihistamines, analgesics, and corticosteroids. Beta adrenergic agonists (e.g. albuterol), epinephrine, corticosteroids, antihistamines and airway management should be considered for anaphylaxis.

The poison specialists at the Maryland Poison Center are available 24/7 to help assess and recommend treatment for those who have come in contact with stinging caterpillars.

DID YOU KNOW THAT... heroin is sometimes adulterated with benzodiazepines?

Recent analyses of some heroin samples in Maryland have revealed high percentages of alprazolam and other drugs mixed with the heroin. Methadone clinics have reported an increasing number of clients with drug screens that are positive for benzodiazepines. Case studies and animal studies have revealed that benzodiazepines might augment or extend the effects of the opiate. Patients who do not fully respond to naloxone following a heroin overdose should be suspected of having a benzodiazepine or other type of sedative involved.

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