

### Caterpillar dermatitis

A 10-year-old boy presented to our hospital with the itchy rash in the trunk for 4 days duration. He had been to a holiday park 4 days ago. There was no history of fever or drug intake. Rest of the history was normal. On examination, there was pruritic, maculopapular rash in the trunk (**Fig. 1, 2**). Systemic examination was normal. Shingles was suspected and treated with aciclovir. On reviewing the history, it was noted that he had been in contact with Caterpillar in the park during holiday. The diagnosis of Caterpillar Dermatitis was made. Rash improved with symptomatic treatment for 5 days.

Caterpillars are the larval forms of moths and butterflies. Human disease from caterpillars or moths usually arises from direct contact or contact with airborne caterpillar debris. Differential diagnosis

includes insect bite, contact dermatitis, atopic dermatitis, impetigo and erysipelas. Outbreak of rash caused by caterpillar has been reported in children. In patients presenting with skin reactions and dermatitis of unknown cause, particularly recurrent rash, a careful history of location and seasonality is required. Caterpillar dermatitis should be considered in the differential diagnosis and can be confirmed by identifying the source of the caterpillar or its hairs. Microscopy of sticky-tape samples from the affected area may aid diagnosis. The use of sticky tape has been reported previously as a treatment option in caterpillar exposures, to remove fine hairs that may cause ongoing symptoms.

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FIG. 1. Showing the pruritic maculopapular rash.



FIG. 2. Showing the close view of the rash.