

A SUSPECTED BITE BY LATRODECTUS KATIPO

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While holidaying at Waikanae Beach during the last week of January 1984 my wife suddenly felt very ill and within minutes her temperature went from a known normal of 37 °C to 38.8 °C while her pulse rate went from a known normal of 70 to 125. Shivering and nausea set in immediately and she also complained of pain around her left ankle and in the inguinal lymph nodes.

My wife does not normally react so violently to insect bites and is in good health, but does have an artificial leg. An immediate visit to a local GP was indicated and he diagnosed a 'insect bite' or 'thrombosis', treating for the former with aspirin and antibiotic. He considered that bed rest for 24 hours would resolve the problem. We returned to our cottage and my wife remained in bed for 24 hours but the nausea and pain persisted during that period and allowed her very little sleep. After 24 hours, the nausea and fever diminished rapidly and allowed her to travel the 90 km by car to our own home, but the leg pains continued. Forty eight hours after the onset of the symptoms, a large reaction was evident on the lower limb so a visit to our own local GP was made. He had experience overseas with spider bites and immediately diagnosed it as such. Prescribing stronger pain killers and antihistamines, a different antibiotic and bed rest for seven days. The patient's temperature remained high after 48 hours and the pulse rate did not return to normal for 7 days.

Pain in the lower limb was eased only if the limb was elevated. Swelling persisted for 10 days and the leg was painful to walk on, relief only being obtained by keeping the limb elevated. Two weeks after the attack, the patient was able to resume work and no further symptoms have been observed.

The cottage we rented was about 200 metres from the beach, but was built on sand. The whole area was well kept with no dunnage lying around. The lawn was almost entirely paspalum.

My wife had spent some time on the beach sitting in marram grass the previous evening and it was subsequently established that there are populations of Latrodectus katipo in that immediate vicinity. It seems likely that she was bitten by L. katipo and a close examination of the focus of the inflamed area of her leg showed two small 'pin pricks' about 1 mm apart, consistent with a spider bite. (The chelicerae of a katipo spider will inflict such a wound.)

The symptoms experienced are consistent with those previously recorded from Latrodectus sp. (Southcott, 1976). Southcott reviews literature that suggests Lactrodectus bites

are noticed immediately but were relatively painless. Pain increased however over a period of a few minutes to about 30 minutes.

Watt (1971) describes a bite by a Clubionid spider which produced instant pain, O'Donnell (1983) records cases of previously unpublished records of spider bites in New Zealand including Clubionidae, Salticidae, Theriidae, Araneidae, Dysiderae and Gnaphasidae, most of which caused distress in one form or another. Hornibrook (1951) gives a brief history of the effects of the katipo in New Zealand.

In this present record, my wife had been on the beach the previous evening and the time factor presents a problem, as all records suggested symptoms being noticed within half an hour. The symptoms were not manifest until 12 hours after. It is of course quite possible that the spider (if in fact it was a spider) had been picked up on the beach in a towel, or my wife's artificial leg and had not been disturbed until the following morning. The evidence is almost overwhelming in support of L. katipo being the culprit.

References

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