

Ocular Manifestation Of Spider Toxin-Long Term Sequela

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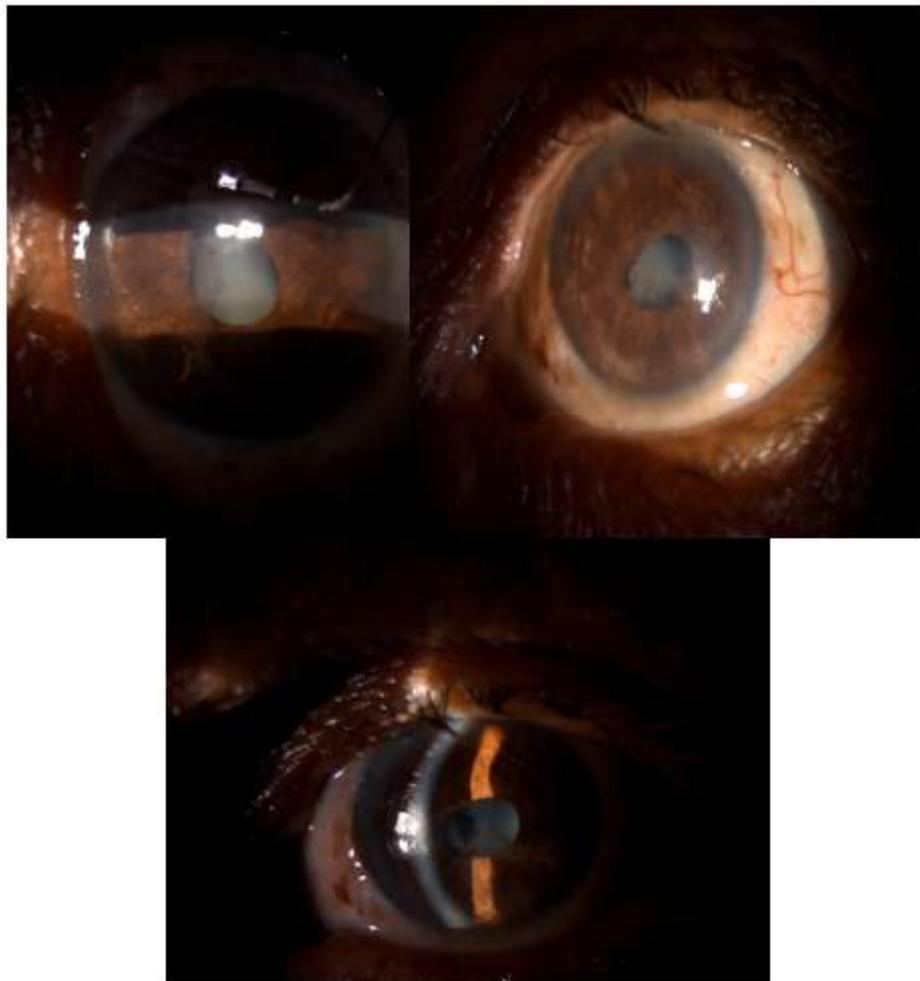
I. INTRODUCTION

There are more than 30,000 species of spiders, most of which cannot inflict serious bites to humans because of their delicate mouthparts and impotent or prey-specific venoms. However, some spiders produce toxic venoms that can cause skin lesions, systemic illnesses, and neurotoxicity. These bites usually progress to ulcerating dermonecrosis at the bite site⁽¹⁾ Spider bites are not very common in India. They bite humans only when they are trapped or crushed against the skin.

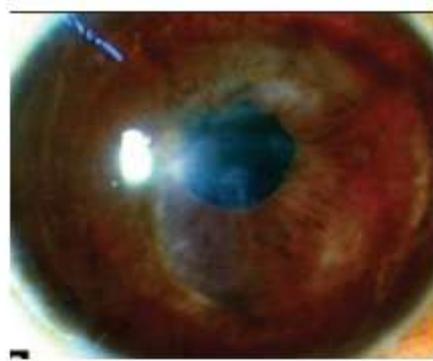
II. CASE REPORT

We report a rare case of 55-year-old female presented with complains of diminution of vision in left eye. she gave history of spider toxin entry into her left eye 3 years ago accidentally from bath towel which she squeezed and used.

On examination, her visual acuity was 6/36 in RE and 1/60 in LE. There was irregular old scars on left side of forehead. Ocular examination showed mid stromal corneal opacity with posterior synechiae and anterior capsule of lens resembled true exfoliation with complicated cataract. Systemic condition of the patient was well.



She has undergone cataract surgery and irisclaw lens was implanted in view of deficient capsular support. Postoperative best corrected vision was 6/12.



III. DISCUSSION:

Commonly reported manifestations of spider venom are dermatologic, hematologic, nephrologic, musculoskeletal and neurologic⁽²⁾. The diagnosis remains clinical, based on history provided by the patient. Spider bites, though common on extremities;⁽³⁾ are rarely seen on eyelids^(4,5,6). Localised envenomation has varied manifestations on eyelids. Taskesinet al⁽⁷⁾ reported severe edema on eyelids and periorbital region with necrotic hemorrhagic lesion. The lesion healed with scarring and led to corneal irritation.

John S et al reported redness, discomfort, and blurred vision with central corneal swelling and an endothelial immune ring, without evidence of spider hairs after 5 weeks of bite and complete resolution after topical tobramycin and dexamethasone⁽⁸⁾.

Ashok jha et al reported vision loss due to unilateral optic atrophy following spider bite on eyelid⁽⁹⁾ and Dimosthenis et al reported bilateral optic neuropathy secondary to a brown recluse spider bite in the right index finger⁽¹⁰⁾.

The patient came to our hospital was for diminution of vision and spider bite sequela was an incidental finding. As no other ocular manifestations of delayed spider bite is reported, we presume that the cataract and corneal changes with forehead scars could all be related to spider bite. The importance of the current case lies in its unique ocular manifestation and excellent visual outcome following cataract surgery.

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