

Image

Dermoscopy of tick bite

Puravoor Jayasree¹, Feroze Kaliyadan², Karalikkattil T. Ashique³

¹Department of Dermatology, Medical Trust Hospital, Kochi, ²Department of Dermatology, Amanza Skin Clinic, Perinthalmanna, Kerala, India, ³Department of Dermatology, Faculty of Medicine, College of Medicine, King Faisal University, Hofuf, Saudi Arabia.

***Corresponding author:**

Puravoor Jayasree,
Department of Dermatology,
Medical Trust Hospital, Kochi,
Kerala, India.

dr.jayasree@
medicaltrushospital.in

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A woman in her 40s presented to our clinic with itching over her lower back and buttocks for 2 days. Examination revealed multiple discrete 1 cm sized erythematous plaques over the lower back and buttocks, with one plaque over the lateral aspect of the right buttock showing a hyperpigmented spot simulating a crust [Figure 1]. Dermoscopy revealed a live 8-legged tick still attached firmly to the erythematous area [Figure 2]. Removal of the tick was done using



Figure 1: Discrete erythematous plaques over left buttock with one of the lesions showing hyperpigmented spot.



Figure 2: Dermoscopy (Dermlite DL4N, polarized mode, ×10) showing 8-legged live tick attached to the diffuse erythematous area.

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radiofrequency device, taking care to completely separate the tick with its mouth part intact [Figure 3].

Dermoscopy of the isolated tick showed morphology consistent with *Rhipicephalus sanguineus* (commonly



Figure 3: Dermoscopy (DermLite DL4N, polarized mode, $\times 10$) of the 8-legged *Rhipicephalus sanguineus* (commonly known as brown dog tick) with its intact hypostome.

known as brown dog tick) which is known to be a vector for transmission of various Rickettsial diseases such as Indian tick typhus and ehrlichiosis. Entomodermoscopy serves as a precise diagnostic tool for tick infestations and helps in ensuring that the tick has been completely removed.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

Dr Feroze Kaliyadan and Dr Ashique KT are on the editorial board of the Journal.

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