Short Communication

Dermoscopy click of tricky tick infestation from an urban area

Ticks are ecto-parasites that live in woods or on animals and feed on blood. They act as vectors for transmission of various infectious diseases in human beings. Ticks can sometimes be mistaken for a mole, melanoma or other nevi. Dermoscopy can play vital role in detecting the attached tick, identifying its genus and species. It also helps to confirm the complete separation of tick or whether residual parts of tick hypostome are left behind after removal from human skin.

A 20-year-old girl presented to our dermatology outpatient with pain and itching over her right upper limb since 3 days. Cutaneous examination revealed a solitary yellowish-green papule with surrounding erythema over the right cubital fossa **(Figure 1)**. Suspecting tick infestation Dermoscopy was performed using Firefly DE300, 20×, polarized mode which revealed a live tick with 4 pair of legs attached firmly to the underlying erythematous area **(Figure 2A)**. The tick was removed carefully using radiofrequency probe and forceps. Utmost care was taken to completely separate the tick with its mouth part intact. Repeat examination of lesion by dermoscopy confirmed that the tick was removed completely and no remnants of tick mouth were left behind **(Figure 2B)**.

The tick was identified as soft tick of the Genus Argasidae. There was absence of hard chitinous shield or scutum and all 8 legs were located on the underside of the body and with lateral rounded body counters.[1] Infection or granuloma may arise if the hypostome is left behind while tick removal.[2]

Dermoscopy can confirm the diagnosis of tick infestation which may be missed by naked eye or the magnifying lens.[3] Dermoscope can play vital role in evaluating the complete removal of the tick.[4]

The lesion subsided after 10 days of oral doxycycline and topical mupirocin ointment with no further complaints during the 1-month observation period.

Figure 1 solitary yellowish-green papule with surrounding erythema over the right cubital fossa.

Figure 2A Dermoscopy (Firefly DE300, 20×, polarized mode) image showing alive tick with 8 legs.

Figure 2B Dermoscopy (Firefly DE300, 20×, polarized mode) image confirming that tick was removed completely.

References

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