- Bullae
- Urticaria

Secondary

- Impetiginous lesions with scratching
- Folliculitis
- Cellulitis
- Eczematoid dermatitis

Systemic Reactions

- Asthma exacerbation
- Anaphylaxis
- Fever and malaise (chronic exposure)

Data from Doggett SL, Dwyer D, Peñas PF, et al: Bed bugs: clinical relevance and control options, *Clin Microbiol Reviews* 25(1):164–192, 2012; Goddard J, deShazo R: Bedbugs *(Cimex lectularius)* and clinical consequences of their bites, *JAMA* 301(13):1358–1366, 2009; Haisley-Royster C: Cutaneous infestations and infections, *Adolesc Med State Art Rev* 22(1):129–145, 2011.

The treatment of bedbugs should focus on proper identification, treatment of the symptoms, and eradication. Bedbugs can be identified on bedding at night because of their nighttime activity. They tend to hide in dark crevices (floor, walls, furniture) during the daytime and do not stay on the human host. Contrary to several myths, bedbugs do not fly or jump. It is not uncommon for bedbug bites to be misdiagnosed as scabies, chickenpox, spider or mosquito bites, and even food anaphylaxis in some cases (Doggett, Dwyer, Peñas, et al, 2012). There is no specific treatment for bedbugs; topical steroids and systemic antihistamines may be used to treat the urticaria. Secondary skin infections are treated with antibiotics as described previously in this chapter. Eradication of bedbugs is complex and must be handled by professional exterminators; multiple chemical applications are often required to completely