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CASE REPORT

A CASE OF ENVENOMING BY PORTUGUESE MAN-OF-WAR FROM THE BRAZILIAN COAST

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J. C. de Freitas, W. A. Schiozer and E. L. A. Malpezzi. A case of envenoming by Portuguese man-of-war from the Brazilian coast. *Toxicon* **33**, 859–861, 1995.—This is an individual case report on envenoming caused by the cnidarian Portuguese man-of-war. The reported local reactions and the clinical symptoms are similar to those already known for Portuguese man-of-war envenoming. As far as we know it is the first clinical case documented for the Brazilian shores.

INTRODUCTION

The most common marine cases of envenoming are inflicted by cnidarians, and the skin is the primary organ affected. Cnidarians have cnidocyte cells bearing organelles called nematocysts, which inject a mixture of powerful toxins by simple contact; this firing is triggered by combined chemical and tactile stimuli (see Thorington and Hessinger, 1988 for a review). There are several cases of jellyfish envenoming, and in some cases Portuguese man-of-war stings can be serious or even lethal (Burnett and Gable, 1989, Burnett *et al.*, 1994*a*).

As far as we know, there are no documented clinical cases of cnidarian envenoming on Brazilian shores. The case reported here, according to the victim's description, is related to the common Atlantic Portuguese man-of-war (*Physalia physalis*).

CASE REPORT

A forty-year-old healthy male (S.C.C.N.) was swimming off the Enseada beach, Guaruja, south coast of São Paulo, on 28 February 1994 when he was stung on the left-hand indicator finger. He suffered an instant stinging burning sensation in his finger and tried to get rid of the tentacles using the fingers of the right hand. Erythema and edema appeared at the site of the wound on the left indicator finger and right indicator finger a few minutes after contact, which are common symptoms of cnidarian envenoming. He identified the Portuguese man-of-war by the purple–blue colored float attached to blue multi-tentacles. Edematous lines and an acute inflammatory response appeared in the wound sites a few minutes after the sting.

Fig. 1. Lesions following sting of *Physalia physalis*.
Left and right hands, 4 months post-envenoming. Note the cutaneous ulcer with cicatrices and hyperpigmented areas.

Six days later, as the lesion became worse, the victim sought a hospital and was examined by a surgeon of the University Hospital, University of São Paulo. The physical examination showed high hyperemia of the left hand, exhibiting skin necrosis of the left indicator finger and a small ulcer on the right indicator finger. The left indicator finger was submitted to surgical debridement and the wound on the right indicator finger required only dressing changes. The patient received systemic antibiotics (ampicillin and amikacin) because infection was not excluded, although swab cultures were negative for pathologic agents.

On the 14th day after the sting the wound on the right indicator finger was closed by epithelialization and the wound on the left indicator finger exhibited granulation tissue. The wound on the left indicator finger cicatriced by second intention only 5 weeks after the sting; much scar tissue was formed and the patient exhibited an important functional sequel with impairment of motility of the interphalangean and metacarpo-phalangean articulations due to the inelastic scar tissue formation. The patient had melanin pigmentary spots in the affected areas on both indicator fingers. No apparent systemic symptoms appeared; but some of these local reactions are similar to the signs previously published by Burnett (1991) and Burnett *et al.* (1994*b*).

The patient is now undertaking physiotherapy exercises, trying to recover the movements of the left indicator finger.

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