



TRANSFORMING TOXICOLOGY LANDSCAPE FOR SAFER AND SUSTAINABLE TOMORROW

POSTER PRESENTATIONS

[ID-P#105] Wolf spider envenomation with systemic toxicity: Case report

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Background: Despite their ubiquity, few credible, published cases of consequential wolf spider envenomation in the USA exist. We report a case with systemic toxicity in Texas.

Method/Case report: A 10 year-old boy sought emergency care for vomiting, abdominal pain, and headache occurring within minutes after a spider bite. While cleaning his home he noticed sharp pain on his thigh and saw a spider jump off that leg. His family immediately caught and kept the spider. He had transient pain at the bite location and within minutes developed nausea, and vomited 5-6 times. Minutes later he developed abdominal pain and headache, both rated as 10/10 in severity.

Approximately 60 minutes after the bite, his vital signs were: T 37°C; BP 109/66 mmHg; HR97/min RR18/min; SpO₂ 100%

He presented the offending intact wolf spider (*Rabidosa* sp.) for identification. His physical examination was unremarkable except for rigid abdominus rectus tone. He was given oral acetaminophen and ibuprofen for pain. Lab investigations obtained included complete blood count, urinalysis, and electrolytes with renal and hepatic function tests. These were significant for leukocytosis 28,000/mm³. His pain resolved over 3 hours, at which time he was asymptomatic and able to tolerate oral intake.

Conclusion: Based on the history and identification of the spider, we consider this a credible envenomation. His systemic symptoms were atypical, differing greatly from commonly reported wolf spider envenomation. His leukocytosis was presumed to be secondary to severe vomiting or possibly envenomation. Regarding abdominal pain and vomiting, the patient lacked any other anaphylactic symptoms, including any pulmonary, airway, dermatologic, or cardiovascular symptoms. and he didn't receive epinephrine, antihistamines or steroids that might be therapeutic for anaphylaxis.