CLINICAL IMAGES

Blister Mystery

Case Report

A patient in Sri Lanka presented with a blistering rash in September ([Figure 1](#)). What is the diagnosis and how would you treat it?

Figure 1. Mystery blisters. (Note: Not a photo of the fictional case.) Source: Ajao et al.⁶ Used with permission.

Diagnosis

Dermatitis due to blister beetle.

Blister beetles (*Mylabris pustulata*) (Figure 2) are common in South Asia. They are considered pests. Blister beetles are often seen in the vicinity of farmlands during August and September.¹ They are very sluggish during early morning, becoming more active after sunrise. Blister beetles secrete a yellow-colored oily substance from the leg joints.¹⁻³ This substance contains canthadrine, a skin irritant with high blistering capacity. Blister beetles do not sting or bite, but they release the blistering agent if they are pressed, brushed, or crushed.⁴ Skin contact causes a burning, itching, or tingling sensation followed by the appearance of linear or irregular areas of erythema that later form vesicles (Figure 1).⁴⁻⁶ The vesicles rupture in a few days and form crusts. Secondary infection may occur. Lesions usually heal in a few days when treated with topical

Figure 2. The blister beetle *Mylabris pustulata* (~25 mm length). Photograph by BTB Wijerathne while on expedition in a forest near Sigiriya, Sri Lanka.

antibiotics.^{4,5} Early cleansing of the contact site with soap or alcohol helps to remove the canthadrine and may prevent the dermatitis.⁴

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