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Image Article

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Jelly Fish Sting : An atypical Reaction

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Clinical image

15-year-old girl, admitted to dermatology for taking charge of an erythematous cupboard, surmounted by vesicles and bullae with clear contents, nipped along a linear path at the right wrist (**Figure1**), associated with vesicles dispersed on the lower third of the leg right and the ipsilateral foot. She stated that she had been bitten on her right wrist by a jellyfish 9 months ago, in a beach of the Mediterranean, where the most common jellyfish are the *Physalia Pelagica* also called Portuguese man of war, classified as responsible for most of the recurring rashes after stings of jellyfish in the United States. After stinging, the evolution was marked by the recurrence of the lesions several times as soon as the dermocorticoids was stopped, and their appearance later on the lower limb. Based on the interrogation, on the clinical characteristics and on the evolution the diagnosis of delayed and recurrent allergic dermatitis caused by a jellyfish sting was posed, the patient was treated with topical Tacrolimus and intralesional corticosteroid injections with regression of lesions without recurrence noted, after 2 years of follow-up (**Figure 2**).



Figure 1: Erythematous cupboard, surmounted by vesicles and bullae with clear contents, nipped along a linear path at the right wrist.



Figure 2: vesicular lesions scattered on the lower right limb, reactive to a bite of jellyfish at a distance.