Correspondence

Spider Myths and a Case of a Bite by a Yellow Sac Spider

To the Editor: We enjoyed reading Frithsen's¹ report on the paradox of the number of reported spider bites exceeding the number of *Loxosceles* spiders in South Carolina. As an amendment, we would like to draw attention to spider myths in Central Europe. A 31-year-old male patient was admitted to our hospital after a bite from a spider that had found shelter in his slipper. His toe showed local edema and erythema, and he reported severe pain comparable to a hornet sting. No generalized symptoms occurred. The patient caught the medium-sized, long-legged, golden and straw-colored spider with pedipalps and multiple dorsal eyes, and brought the living spider with him in a glass. The spider was identified as a yellow sac spider (genus *Cheiracanthium*, Figure 1). According to review articles, medical textbooks, and medical journal correspondences, yellow sac spiders are considered to be the only potentially dangerous spiders in Central Europe causing dermonecrosis.^{2,3} This is not supported by a case series of 20 verified bites by *Cheiracanthium* spiders from the United States and Australia (none with necrosis), nor by a review of the international literature on 39 verified *Cheiracanthium* bites (which found only one case of mild necrosis in the European species, *Cheiracanthium punctatorium*, nearly 50 years ago).^{3,4} No verified case of a *Cheiracanthium* bite in Central Europe has been reported since then in medical literature, but reports of spider sightings have dominated local media in Austria for a year, triggering hundreds of calls to the Vienna poison hotline and prompting the government to issue a plea for calm.⁵ Spider mythology and spider phobia are clearly phenomena not only of the past.⁵ Our patient recovered completely within a few days after symptomatic therapy.

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Figure 1. Yellow sac spider (genus *Cheiracanthium*)

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Note: Frithsen declined to respond because the author is in agreement.

Community-based Participatory Research: Providers, Patient, and Community in Partnership to Improve Health Disparities

To the Editor: Rust and Cooper¹ present a case for improving health disparities through practice-based research and 12 strategies to close the gap on health outcomes disparities. Community-based participatory research (CBPR) complements cooperative grants in select regions and forms a fundamental basis for these strategies. CBPR promotes the conduct of research in “real