

# Correspondence

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

*To the Editor:* We enjoyed reading Frithsen's<sup>1</sup> 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.<sup>2,3</sup> 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).<sup>3,4</sup> 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.<sup>5</sup> Spider mythology and spider phobia are clearly phenomena not only of the past.<sup>5</sup> Our patient recovered completely within a few days after symptomatic therapy.

Michael Fasan, MD  
Alexandra Rennhofer, MD  
Bernadetta Moser, MD  
Georg Röggl, MD

Department of Internal Medicine, General Hospital of  
Neunkirchen, Neunkirchen, Austria  
[roeggla.interne@khneunkirchen.at](mailto:roeggla.interne@khneunkirchen.at)

## References

1. Frithsen IL, Vetter RS, Stocks IC. Reports of envenomation by brown recluse spiders exceed verified specimens of *Loxosceles* spiders in South Carolina. *J Am Board Fam Med* 2007;20:483–88.
2. Durrheim D, Barnett FI. Necrotic arachnidism: dispelling fact with fiction. *Lancet* 2004;364:2018–9.
3. Vetter RS, Isbister GK, Bush SP, Boutin LJ. Verified bites by yellow sac spiders (genus *Cheiracanthium*) in the United States and Australia: where is the necrosis? *Am J Trop Med Hyg* 2006;74:1043–8.



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

4. Maretic Z. *Chiracanthium punctatorium* Villers – eine europäische Giftspinne. *Med Klin* 1962;37:1576–7.

5. Isbister GK. Necrotic arachnidism: the mythology of a modern plague. *Lancet* 2004;364:549–53.

doi: 10.3122/jabfm.2008.01.070218

**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 Cooper<sup>1</sup> 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