partial vision loss after an attempted correction of glabellar
frown lines with bovine collagen. This serious complication
was also seen after the use of autologous fat as a filler. Egido
et al. reported the third case of unilateral blindness after fat
injection into the glabellar area. Arterial embolization is not
only a possible side-effect of hyaluronic acid injections but of
all filler substances used in the glabellar area.

In our patient the dorsal nasal artery was affected despite
aspiration before injection. It is possible that the injection
pressure led to a perforation of the vascular wall. To minimize
this risk, dermal injections for augmentation of the glabellar
region should be given superficially and medially, and
aspiration is recommended. Patients should be informed of the
possibility of this rare complication.

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References
1 Olenius M. The first clinical study using a new biodegradable
implant for the treatment of lips, wrinkles, and folds. Aesthetic Plast
2 Durangi F, Salvi G, Bovini B et al. Injectable hyaluronic acid gel for
soft tissue augmentation. A clinical and histological study. Dermatol
3 Lupton JR, Alster TS. Cutaneous hypersensitivity reaction to injectable
4 Shafr R, Amir A, Gur E. Long-term complications of facial injec-
tions with Restylane (injectable hyaluronic acid). Plast Reconstr
5 Hanke CW, Higley HR, Jollivet DM et al. Abscess formation and
local necrosis after treatment with Zyderm or Zyplast collagen
6 Stegman SJ, Chu S, Armstrong RC. Adverse reactions to bovine
7 Egido JA, Arroyo R, Marcos A, Jimenez-Alfaro I. Middle cerebral
artery embolism and unilateral visual loss after autologous fat
injection into the glabellar area. Stroke 1993; 24: 615–16.

Epidemic occupational dermatitis caused by
Pronematus davisi (Acari: Tydeidae)

Sir, We report an unusual occupational dermatitis caused by
a biotic agent in eight woodworkers employed in craft
carpentry near Perugia, central Italy. All subjects, aged
between 19 and 53 years, developed small, light red papules,
some excoriated and covered with haemorrhagic crusts, and
some with a central tense vesicle, involving the whole skin
surface but particularly the trunk and upper limbs. The
lesions were itchy, recurrent, work-related and sometimes left
a depigmented or hyperpigmented spot. In some affected
individuals the severity of the dermatitis necessitated absence
from work.

There were no evident causes, but the dermatitis arose
1 week after the cutting of wood imported from North
America, probably Canada. Occupational entomodermatitis
was suspected.

To verify this, the sawdust collected in the carpentry
workshop was examined by direct stereomicroscopic microscopy.
After repeated examination, several adult mites with a very
small idiosoma (approximately 250 µm) were observed with
the following distinctive morphological features: tarsus I
without claws or empodium, palpal distal segment elongated,
I5 hysterosomal setae missing, tarsus I shorter than tibia so
that pair II on the distal and slender sensory organ called the
solenidion, appears truncated. On the basis of these morpho-
logical features and the remarkable mobility due to the III and
IV pairs of claws, Pronematus davisi, a Prestigmata mite
belonging to the order Actinedida, suborder Eupodina, super-
family Tydeoidae, family Tydeidae, was identified. However,

Figure 1. Larva of Pronematus davisi (stereomicroscopic observation
in contrast phase; original magnification × 40).

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the recognition and isolation of the mite through direct examination of environmental dust were quite difficult because the dome-shaped appearance of the dorsal surface of the idiosoma made it difficult to distinguish by stereomicroscopy from vegetable fragments or other arthropods. Repeated examination of the dust showed a large number of larvae of this species (Fig. 1). This stage demonstrates the reproductive activity of the mites in the sawdust. The hatching of many eggs and subsequent release of numerous larvae, which are biologically more aggressive than adult mites, probably caused the cutaneous signs and symptoms in the woodworkers.

The Tydeidae family includes species of omnivores, fungi-vores, phytophages and predators. They have a buccal apparatus with movable styliform chelicerae, which are able to perforate vegetables and other organic materials. They are known to feed on insect eggs and plants, and it is thought that they feed on other mites or insects found in stored food products.

Data on the geographical distribution of *P. davisi* are poor. This mite has a world-wide distribution but is more widespread in North America, where it usually lives under bark. *P. davisi* has been never reported in Italy, but similar species such as *P. banatii* and *P. ubiquitius* were isolated and reported, especially in southern Italy, in the early 1920s.

Environmental disinestation measures must take into consideration the highly predatory and mobile nature of *P. davisi*. In carpentry, disinestation measures are needed in areas used for cutting and storing wood covered with bark. As *P. davisi* does not have clarified areas or an idiosomal shield, in our case we eradicated the infestation by vaporizing mild pyrethroids. The affected individuals were treated with soft emollients, and their occupational dermatitis resolved in about 2 weeks.

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References