What's Eating You? Tarantulas (Theraphosidae)

Lauren E. Krug, BS; Dirk M. Elston, MD

arantulas belong to the family Theraphosidae, which contains more than 900 species of hairy and often very large spiders (Figure). Depending on the species, the tarantula's body length ranges from 1 to 4 in with 3- to 12-in leg spans. At 12 in, the largest reported species is the Goliath birdeating spider (*Theraphosa blondi*). The tarantula's body consists of 4 pairs of legs that terminate in retractable claws, allowing the spider to grip and climb. Two additional pointed appendages called chelicerae are located just below the eyes and are used to grip food and prey. They contain the venom glands that allow the spider to immobilize and kill its prey.¹

In addition to the regular hairs that cover the spider's body, most New World species possess barbed urticating hairs that can be released to defend the spider when it feels threatened. Located on the dorsal surface of the abdomen, the hairs are dislodged when the spider rapidly vibrates 1 or both of its hind legs.² Once released, the hairs travel similar to arrows, giving them the ability to penetrate deeply into the eyes and other tissues and to cause prolonged localized urticaria in skin.³ Histologically, skin lesions may demonstrate hairs that have penetrated both the stratum corneum and stratum malpighii. Occasionally the hairs may extend as deep as the reticular dermis. The greatest potential for injury results if the hairs enter the eye. Inflammation can occur at all levels of the eye from the cornea to the retina. Opthalmia nodosa, a chronic granulomatous reaction, may result from tarantula hair penetration but also is associated with vegetable fibers or other arthropod hairs.⁴⁻⁹

10 CUTIS®



Tarantula.

Secondary glaucoma and cataract formation also have been reported.¹⁰ Patients suspected of having ocular injuries should be seen by an ophthalmologist and examined with a slit lamp.¹¹ Management includes topical steroids and antibiotics as well as removal of the hairs, which may be difficult or impossible.^{4-9,12} Some species of tarantulas may incorporate urticating hairs into silk, which is used to create egg sacs and silk mats on which they molt. Egg sacs and silk mats containing urticating hairs are more effective at stopping the movement of the larvae of the fly (*Megaselia scalaris*), which can infest and kill the eggs. However, the egg sacs fail to illicit an urticarial response in humans and mice.¹³

In addition to their mechanically irritating properties, tarantula hairs act as allergens in individuals handling tarantulas regularly, such as researchers. Symptoms of the hypersensitivity that may result include skin irritation, pruritus, coryza, sneezing, conjunctivitis, and angioedema. IgE titers specific to the urticating hairs are increased in the exposed group when compared to controls, indicating a systemic allergic response.¹⁴

Ms. Krug is from Temple University School of Medicine, Philadelphia, Pennsylvania. Dr. Elston is from the Departments of Dermatology and Laboratory Medicine, Geisinger Medical Center, Danville, Pennsylvania. The authors report no conflict of interest.

Correspondence: Dirk M. Elston, MD, Department of Dermatology and Laboratory Medicine, Geisinger Medical Center, 100 N Academy Ave, Danville, PA 17822-5206 (dmelston@geisinger.edu).

Common Medical Problems

New World species (including Theraphosidae): Urticating hairs

Urticaria

Hypersensitivity reaction: skin irritation, pruritus,

coryza, sneezing, conjunctivitis, angioedema Joint swelling

Old World species: Venom

Systemic neurotoxic effect Muscle spasms

Tarantula venom is a complex mixture of many different compounds and has been shown to contain adenosine, histamine, and serotonin.15,16 In addition to these compounds, there are several toxins that affect potassium channels,17 sodium channels,18,19 stretch channel receptors,20,21 and capsaicin receptors, all producing inflammation.²² Another toxin, GsMTx4, induces analgesia by blocking mechanosensitive channels and reducing mechanical and neuropathic pain. The toxin, therefore, has potential to be clinically used as a pain treatment.²³ Although this elaborate chemical cocktail can be fatal to potential prey and even larger mammals such as canines,^{24,25} it has not been shown to cause death in humans. Several studies have reported that most bites to humans result in mild to severe local pain, erythema, joint swelling, muscle cramps, itching, and tenderness that can persist for hours after the bite.24,26,27 Old World tarantulas from Asia, Africa, and Australia have shown to be more problematic to humans than their New World counterparts, as their bites may cause systemic neurotoxic effects. In the absence of antivenom, severe persistent muscle spasms can remain for weeks after the bite.28

Because of the popularity of tarantulas as pets, it is important to be aware of the possible consequences caused by urticating hairs and bites (Table). Owners should be made aware of these potential hazards. Reputable dealers sell safer species, but more dangerous New World species often are sold or traded as pets, resulting in human injury.

REFERENCES

- 1. Marshall SD. *Tarantulas and Other Arachnids*. Hauppage, NY: Barron's Educational Series; 2001.
- 2. Cooke JA, Roth VD, Miller F. The urticating hairs of theraphosid spiders. *American Museum Novitates*. 1972;2498:1-43.
- 3. Cooke JA, Miller FH, Grover RW, et al. Urticaria caused by tarantula hairs. *Am J Trop Med Hyg.* 1973;22: 130-133.
- 4. Bernardino CR, Rapuano C. Ophthalmia nodosa caused by casual handling of a tarantula. *CLOA J.* 2000;26: 111-112.
- Shrum KR, Robertson DM, Baratz KH, et al. Keratitis and retinitis secondary to tarantula hair. Arch Ophthalmol. 1999;117:1096-1097.
- 6. Belyea DA, Tuman DC, Ward TP, et al. The red eye revisited: ophthalmia nodosa due to tarantula hairs. *South Med J.* 1998;91:565-567.
- Hung JC, Pecker CO, Wild NJ. "Tarantula eyes'. Arch Dis Child. 1996;75:462-463.
- 8. Lasudry JG, Brightbill FS. Ophthalmia nodosa caused by tarantula hairs. J Pediatr Ophthalmol Strabismus. 1997;34:197-198.
- 9. Choi JT, Rauf A. Opthalmia nodosa secondary to tarantula hairs. *Eye (Lond)*. 2003;17:433-434.
- Blaikie AJ, Ellis J, Sanders R, et al. Eye disease associated with handling pet tarantulas: three case reports. BMJ. 1997;314:1524-1525.
- 11. Chang PC, Soong HK, Barnett JM. Corneal penetration by tarantula hairs. Br J Ophthalmol. 1991;75:253-254.
- 12. Sandboe FD. Spider keratouveitis: a case report. Acta Ophthalmol Scand. 2001;79:531-532.
- Marshall SD, Uetz GW. Incorporation of urticating hairs into silk: a novel defense mechanism in two neotropical tarantulas (Araneae, Theraphosidae). *J Arachnol.* 1990;18:143-149.
- 14. Castro FF, Antila MA, Croce J. Occupational allergy caused by urticating hair of Brazilian spider. J Allergy Clin Immunol. 1995;95:1282-1285.
- 15. Moore S, Smyth WF, Gault VA, et al. Mass spectrometric characterisation and quantitation of selected low molecular mass compounds from the venom of *Haplopelma lividum* (Theraphosidae). *Rapid Commun* Mass Spectrom. 2009;23:1747-1755.
- 16. Schanbacher FL, Lee CK, Hall JE, et al. Composition and properties of tarantula *Dugesiella hentzi* (Girard) venom. *Toxicon*. 1973;11:21-29.
- 17. Milescu M, Vobecky J, Roh SH, et al. Tarantula toxins interact with voltage sensors within lipid membranes [published online ahead of print October 15, 2007]. J Gen Physiol. 2007;130:497-511.
- Chen J, Zhang Y, Rong M, et al. Expression and characterization of jingzhaotoxin-34, a novel neurotoxin from the venom of the tarantula Chilobrachys jingzhao. *Peptides*. 2009;30:1042-1048.

VOLUME 87, JANUARY 2011 11

Copyright Cutis 2011. No part of this publication may be reproduced, stored, or transmitted without the prior written permission of the Publisher.

- Bosmans F, Rash L, Zhu S, et al. Four novel tarantula toxins as selective modulators of voltage-gated sodium channel subtypes [published online ahead of print November 2, 2005]. *Mol Pharmacol*. 2006;69:419-429.
- 20. Oswald RE, Suchyna TM, McFeeters R, et al. Solution structure of peptide toxins that block mechanosensitive ion channels. *J Biol Chem.* 2002;277:34443-34450.
- 21. Escoubas P, Rash L. Tarantulas: eight-legged pharmacists and combinatorial chemists. *Toxicon*. 2004;43:555-574.
- 22. Siemens J, Zhou S, Piskorowski R, et al. Spider toxins activate the capsaicin receptor to produce inflammatory pain. *Nature*. 2006;444:208-212.
- Park SP, Kim BM, Koo JY, et al. A tarantula spider toxin, GsMTx4, reduces mechanical and neuropathic pain [published online ahead of print March 24, 2008]. *Pain*. 2008;137:208-217.

- 24. Isbister GK, Seymour J, Gray MR, et al. Bites by spiders of the family Theraphosidae in humans and canines. *Toxicon.* 2003;41:519-524.
- 25. Bücherl W, Buckley E. Venomous Animals and Their Venoms. Vol 3. New York, NY: Academic Press; 1971:197-277.
- Lucas SM, Da Silva Júnior PI, Bertani R, et al. Mygalomorph spider bites: a report on 91 cases in the state of São Paulo, Brazil. *Toxicon*. 1994;32:1211-1215.
- 27. Schmidt G. Efficacy of bites from Asiatic and African tarantulas. *Trop Med Parasitol.* 1989;40:114.
- Ahmed N, Pinkham M, Warrell DA. Symptom in search of a toxin: muscle spasms following bites by Old World tarantula spiders (*Lampropelma nigerrimum*, *Pterinochilus murinus*, *Poecilotheria regalis*) with review [published online ahead of print September 23, 2009]. QJM. 2009;102:851-857.