

# SOUTHWESTERN NEWS

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## **Prevention, timely care important for those itching for bug-bite relief**

DALLAS – July 28, 2005 – Itchy, red swollen bumps on the skin are an all-too-familiar summer sign that bugs – and bug bites – are flourishing.

That annoying itch may be a good sign, however.

“Itchy is normal. Tender is not,” when it comes to bug bites, said Dr. Robin Carder, assistant professor of dermatology and pediatrics at UT Southwestern Medical Center. Tenderness, she cautioned, may be a sign the bug bite is becoming infected and deserves more medical attention.

“The main thing to watch for would be whether the bite is secondarily infected. It is normal for a bug bite to be a little red or swollen, and it may even blister,” Dr. Carder said. “But the lesion should be more itchy than sore. If it becomes tender, that may be a sign of infection.”

Other signs of possible infection are redness extending beyond the immediate bug bite, drainage of pus, or worsening, rather than improvement, of the site over time.

The Southwest’s bug-bite season generally runs from March to October, although summer is definitely the worst span.

Mosquitoes and chiggers are the most common causes of insect bites in the region, and the bites are relatively easy to treat with over-the-counter remedies.

“Antihistamines like Benadryl (either the oral or the topical form) can be very effective in relieving the itch and decreasing the swelling, or hive-like response,” Dr. Carder said. Topical steroids, such as hydrocortisone, also work well. Both can be found in touch sticks that can make it easier to target the affected area.

Days spent outdoors also can mean ant, tick, wasp and bee stings that can be more serious. Here are some of the most common bites and Dr. Carder’s advice on what to watch for and some ways to treat them:

**Ant bites** – Most are generally harmless, but fire ant bites can be similar to bee stings for some people and cause allergic reactions that can quickly become serious. Hives, swelling of the lips, breathing difficulty (wheezing), or fainting are signs that emergency care is needed.

**Bee/wasp stings** – Taking an antihistamine or ibuprofen immediately after being stung may help

(MORE)

## Bug bites – 2

reduce the pain or swelling. People with known allergies to bee or wasp stings should seek immediate medical care and should carry an epinephrine (epi) pen (and should know how to use it).

**Tick bites** – It's important to remove the embedded head of the tick from the bite. Try using a pair of tweezers and pulling back slowly or warming the tweezers to get the bug to release its head from the skin. Another method is to apply petroleum jelly, which suffocates the tick by blocking its air passages. If you see an expanding circle of redness that radiates out from the bug bite, it could be a sign of Lyme disease, and the bite needs to be evaluated by a doctor.

**Insect bite prevention** – Prevention includes wearing long sleeves or pants if you're venturing into wooded areas or fields where bugs are likely. An insect repellent with DEET (less than 10 percent is generally considered safe for children) is the most effective and can also be sprayed on clothes. Avoid applying it to areas (hands or face) where children might ingest it. For infants, it is best to protect them with clothing or mosquito netting. Repellents containing citronella or soybean oil are generally considered safe, but may not be as effective, Dr. Carder said.

**Spider bites** – Most routine spider bites can be handled the same as other insect bites. The bite from a brown recluse spider, however, means a trip to the doctor. You'll know because the bite will develop a central purple color within two to three days, often with a central crater or ulcer.

**Head lice** – Lice live on humans, so you don't get them from a trip through the woods. But daycare centers, schools or camps where kids are in close contact with one another can often result in transmission of lice. Over-the-counter remedies work for the majority of cases, although Dr. Carder recommends applying the treatment two times (immediately, then repeating one week later) and carefully using the nit comb to remove all of the eggs from the hair. If that doesn't work, several prescription remedies are available, including a relatively new one called malathion that has proven effective.

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