Envenoming caused by a Portuguese man-o’-war (Physalia physalis) manifesting as purpuric papules

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Abstract: We report the case of a 42-year old woman who was envenomed by a Portuguese man-o’-war (Physalia physalis). She presented an anomalous reaction manifested by purpuric papules that appeared after the initial phase of envenoming (around 24 hours later), when linear erythematous and edematous papules were observed. Late-onset reactions in accidents involving cnidarians commonly include chronic eruptions and local pigmentation.

Keywords: Bites and stings; Cnidaria; Hydrozoa; Purpura

The Phylum Cnidaria (jellyfish, Portuguese man-o’-war, anemones and corals) comprises animals with stinging cells with toxin-producing organelles, the nematocysts.¹ Portuguese man-o’-war are cnidarians of the Hydrozoa class. They are not true jellyfish, but colonies of polyps, with a floater (similar to a purple balloon) and long tentacles to capture fish (Figure 1). The tentacles and other parts of their body present venomous cells, the cnidocytes. The venom initially causes immediate intense pain (neurologic effect) and linear erythema and edema marking the points of contact (dermatonecrotic effect). Late manifestations include chronic inflammation and local pigmentation.¹ ¹ ²

The image shows linear lesions in a 42 year-old woman, who, while bathing on a beach in the State of Alagoas (Brazil), felt something “curl up in her leg, like a rope” and saw a Portuguese man-o’-war nearby (Figure 2). The pain was immediate and there were local erythema and edema, characterized by a typical cnidarian injury. On the following day, the marks had become darker. On dermatological examination, the
patient presented with linear purpuric papules reproducing the shape of tentacles on her left leg, up to the calf. Blood tests were normal and the lesions faded after about a week, completely disappearing one month after the appointment. Purpuric manifestations are anomalous in this kind of envenoming and the exact reasons for them are not clear. It may be possible that the venom compromised the superficial vessels of the skin, but other envenoming episodes causing more severe inflammatory processes did not lead to the purpuric lesions observed in the patient.

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