

# AGROMEDICINE PROGRAM UPDATE

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## PROGRAM NOTES

>HAPPY NEW YEAR!!

The new year, brings new opportunities for education and service for our “clients,” the citizens of South Carolina and those who help them take care of themselves—that’s you!

Please call on us to help make your work easier.

>Presentations are already scheduled for groups in Charleston, Columbia and Sumter this month, but if you have interest in an agromedicine topic for your group, please contact us.

>Two articles, one from the December 2005 issue of Consultant and the other from the November 2005 issue of Wounds: A Compendium of Clinical Research and Practice (forwarded to me by Dr. Byron Williams, occupational and environmental medicine specialist, and long time teacher of family medicine residents in our program), suggest that necrotic skin lesions are rarely cause by spider bites. Your responses and those of a significant number of

your colleagues suggest that this may not be the case. Until we have a blood test that will detect the presence of Brown Recluse Venom, the best we can do is to try to collect more samples of the “offending” spider.

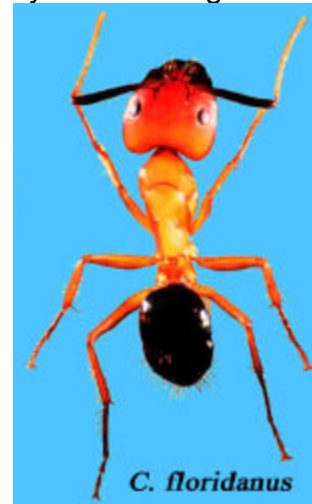
So, whenever possible, when you see a suspected brown recluse bite, ask if the spider is still available. If it is, place it in a specimen jar in formalin and mail it to us. Call, email or fax us to let us know to expect your specimen!

If you would like copies of one or both of these articles, contact our office.

## RECENT CONSULTS

>Last month we reported on a child in Dr. Tom Harper’s practice here in Charleston with a systemic allergic reaction to a large black ant bite (or sting). The sample collected by the family was identified by two entomologists as a Florida Carpenter Ant (*Camponotus floridanus*).

Dr. Eric Benson of Clemson, world famous “Bug Guy” and one of those entomologists wrote: “Florida carpenter ants are relatively common along the coast of S.C. Compared to most carpenter ants, they are fairly aggressive and will bite if they feel threatened. They do not sting, but they can inject formic acid (also a component of fire ant venom) from their posterior acidopore into the area they bite causing irritation.” (in this case apparently also a systemic allergic reaction)



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This is, apparently, the first recognized systemic allergic reaction to a Florida Carpenter Ant bite!  
The child also skin tested positive to red imported fire

ant, so is undergoing hypo-sensitization therapy for fire ant stings.

Dr. Harper provided us with a copy of a recent article, "Adverse reactions to ants other than imported fire ants" by Klotz et al from the November 2005 issue of the Annals of Allergy, Asthma & Immunology. Contact us if you would like a copy.

## **FROM THE LITERATURE**

### **>Indoor Mold**

Khalili, Montanaro and Bardana have published a review article titled "Indoor mold and your patient's health: from suspicion to confirmation." Interestingly, they make no reference to the American College of Occupational and Environmental Medicine's "Evidence-Based Statement on Adverse Human Health Effects Associated with Molds in the Indoor Environment." (JOEM 2003;45(5) 470-478) In general, their approach is sound: evaluation of patients who believe their symptoms are related to mold exposure should identify any established disorders that can masquerade as indoor mold-related disease (IMRD).

A systematic approach to the work-up of suspected IMRD can help avoid three common pitfalls:

1. Failure to recognize or uncover a preexisting medical disorder that could be re-

sponsible for symptoms

2. Failure to diagnose an underlying condition of recent onset masquerading as IMRD
3. Physician support of patient claims in the absence of credible scientific substantiation

--J Respir Dis.

2005;26(12):520-525

### **>Highly Pathogenic Avian Influenza (HPAI)**

HPAI continues to be on or near the front page of our newspapers. This month's CDC journal Emerging Infectious Diseases is almost entirely devoted to this illness. While human disease has now been reported in Turkey, there still appears to be no human to human transmission of the illness. Turkish cases have been almost entirely in children, who, because of the size of most hen houses, are the family members most likely to enter and work in them. To peruse an electronic copy of the journal or to request a free print subscription visit:

[www.cdc.gov/eid](http://www.cdc.gov/eid)

### **>Winter Slip and Trip Prevention**

The incidence of outdoor falls among the elderly (and presumably younger folks) during winter (O.K., we don't have much ice and snow, but some of our patients might be out in some bad weather or travel to some!) can be reduced by wearing a simple gait-

stabilizing device that costs less than \$20. Fergis McKiernan at the Marshfield Clinic in Wisconsin followed 109 fall-prone men and women 65 and older who were asked to wear their usual footwear when walking outside on snow and ice. Half were randomly assigned to also wear the Yaktrax Walker, a plastic net crisscrossed with high-strength steel coils that fits over the soles of shoes or boots.

62 falls occurred in the 109 participants, 43(69 percent) in the control group, 19 (31 percent) in the Yaktrax group, a statistically significant difference. In addition, 12 of the falls in the intervention group occurred when the subjects failed to use the device.

No falls resulted in serious injury, but there were 11 minor injuries—10 experienced by subjects not wearing the device.

The number needed to treat to prevent one non-serious injurious fall in one winter was six.

--McKiernan FE. A simple gait-stabilizing device reduces outdoor falls and non-serious injurious falls in fall-prone older people during the winter. J Am Geriatr Soc 2005;53(6):943-947

### **TWO QUOTES**

"When I think over what I have said, I envy dumb people."

--Seneca (4 B.C.-65 A.D.)

"If you don't take care of your body, where will you live?"

--Anonymous