



## Browntail Moth Dermatitis

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This article is to increase awareness of a potential rise in the number patients seeking relief from a persistent rash resulting from contact with the browntail moth, *Euproctis chrysorrhoea*.

Populations of the browntail moth in some areas of Casco Bay may expose residents to the urticating hairs of the larvae this summer. This insect's range was restricted to a few islands off the coast from the early 1960's through the 1980's. The population started to rise in the 1990's and spread throughout the Casco Bay region. Although the population has collapsed in many areas it is still alive and well in some locations.

Larval stages of the browntail moth are equipped with urticating hairs that may cause dermatitis if they come in contact with skin. Internal poisoning as a result of inhalation of the hairs has also been reported during past outbreaks. The actual cause of the 'browntail rash', as the old literature terms it, is a toxin associated with short (0.15 mm) setae on larvae. The toxin is a very stable compound and the hairs have the capacity to cause 'browntail rash' months after the larvae are gone.

Although the larvae of this insect are active May through July, cases of the dermatitis are most common in late June and July when the toxins reach their highest concentrations in the mature larvae. Most individuals developing the dermatitis will do so within hours of outdoor activity such as hiking or working in the garden near trees or shrubs harboring this pest. Occasionally severe rashes have developed after contact with clothing which became impregnated with windborne hairs while being dried out-of-doors. While most cases of 'browntail rash' will occur on residents of the previously described area, this region is an important recreational area and cases may be reported by residents in non-infested towns as people travel to and from all parts of the State to enjoy the Bay.

Dr. George L. Higgins, III, M.D. was kind enough to provide the following brief discussion of the treatment of caterpillar dermatitis:

"The signs and symptoms of the dermatitis can develop at the time of toxic exposure or be delayed for several hours. The duration of the rash also varies, from hours to days. Since no specific antidote to the toxin exists, treatment is focused on relieving symptoms and eliminating ongoing exposure. H1-(example: diphenhydramine 25-50mg every 4-6 hrs) and H2-(example: cimetidine 300mg every 6 hrs) may be effective in relieving urticaria and pruritus. If the rash is relatively localized, the frequent application of a topical fluorinated corticosteroid may be helpful. Patients with more bothersome symptoms may benefit from a short course of oral corticosteroids. A typical regimen would be 1mg per/kg per day in a child, or 40mg daily in an adult, provided in a single dose for a 5-7 day course. Usually a tapered or prolonged regimen is not required."