

Editorial

Aquatic dermatoses: an unfamiliar entity

With the advent of increasing travel and continuing popularity of watersports, dermatoses that were previously limited to areas of prevalence are more likely to be encountered at home. For example, one may encounter a case of sea-bather's eruption in the traveller returning from Florida. Hence, a travel history is essential for an accurate and early diagnosis. While many aquatic dermatoses are not life-threatening, causing only a pruritic eruption, many more can have systemic effects and are more serious. Such an example is the sting from Cubozoa (box jellyfish) which is prevalent in the waters near Australia. These include *Chironex fleckeri*, which is highly venomous and *Carukia barnesi*. Symptoms vary with the type of jellyfish encountered. *Chironex fleckeri* causes excruciating pain, followed by cardiac and pulmonary involvement due to its cardiotoxic venom and has caused many deaths in Australia. *Carukia barnesi* leads to a relatively mild tingling and erythema followed by intense chest, back and abdominal pain, hypertension, cerebral oedema (Irukandji syndrome).¹

Apart from water sports, the home aquarium, or the kitchen (contact with uncooked seafood) are potential sources of infection. *Mycobacterium marinum* infection leading to fish tank granuloma is a classic example. Occasionally, ingestion of seafood may lead to dermatosis as in the case of scombroid poisoning. This is caused by eating scombroid fish such as mackerel or tuna that have started to decay due to improper storage. Symptoms include facial flushing and dizziness and an urticarial rash. An example of this was given in an earlier issue of this journal.²

In Hong Kong, although water sports and swimming are popular, public awareness of these hazards is limited. Most people are aware of the potential of being stung by jellyfish, but few realise that sea anemones or fire corals can also inflict an equally serious injury. In fact, systemic involvement is more common with stings from sea anemones while linear lesions occur more frequently with jellyfish.¹ More importantly, one may not realise that apart from the stingray, certain species of fish can also cause envenomation. One example is the weaverfish which can cause extremely painful wounds and, in rare cases, cardiac arrhythmias and even death.³ On a less serious note, one may not realise that the simple measure of showering after removal of the bathing suit is an effective means of avoiding sea-bather's eruption after swimming in areas of high prevalence.

When managing these cases, the history is of utmost importance for diagnosis. If there is a history of foreign travel, one should also be aware of the possible aquatic dermatoses prevalent within that area. In this issue, Ng and Cheng provide us with a clear and concise account of this topic. To most of us, this is a relatively unfamiliar area. This article illustrates the fact that the scope of aquatic dermatoses is varied and is not solely infective in origin. For example, traumatic causes such as rope burns or contact dermatitis from goggles may be encountered.

Ideally, travellers to areas in which these potentially dangerous organisms are prevalent,

should be better informed of these hazards before starting their journey. Similarly, more information on how to avoid infection when handling uncooked seafood or the home aquarium should be made available. Such education measures already exist for the handling of poultry or for hand hygiene. Therefore, further active measures to educate the public on these potentially life-threatening entities and their avoidance are needed.

References

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