

## Dermoscopy-Assisted Tick Extraction

A 25-year-old male presented with swelling and pain over the right postauricular area since one day. On examination, a tick was noted at the center of the lesion [Figure 1]. Dermoscopy (Firefly DE300, 20 $\times$ , polarized mode) revealed pinkish-red area at the center of the lesion and confirmed the tick as nymphal form of *Amblyomma* [Figure 2a]. The tick was pulled upward using a sterilized tweezer applying a steady pressure under the guidance of dermoscope. Reevaluation of the lesion using dermoscope revealed a pale area with scaling at the point of attachment and no remnants from the tick [Figure 2b]. Dermoscopy of the retrieved tick revealed intact hypostome [Figure 2b]. The lesion subsided after 7 days of oral flucloxacillin with no further complaints during the 1month observation period.

Early diagnosis may reduce the morbidity and mortality of different tick-borne diseases.<sup>[1]</sup> Oiso *et al.*<sup>[1]</sup> and Matsuda *et al.*<sup>[2]</sup> in two different case reports emphasized the use of dermoscope for the diagnosis



**Figure 1:** Clinical picture showing swelling and erythema over postauricular area with the tick at the center of the lesion

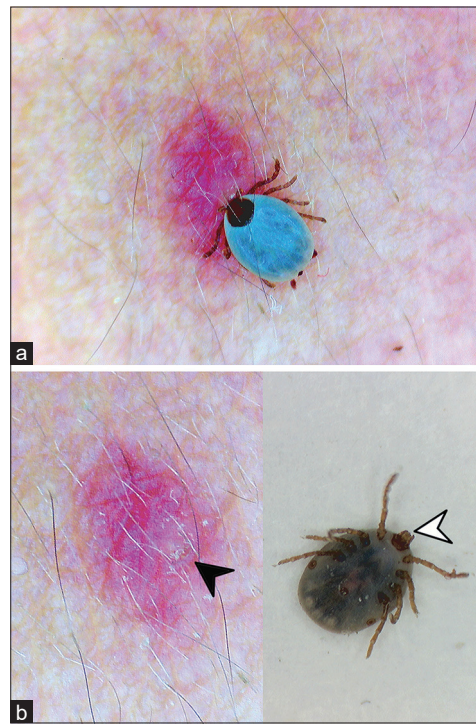
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of a tick bite. Incomplete removal of the tick with the persistent presence of the hypostome in the skin can lead to infection or granuloma.<sup>[1]</sup> Zalaudek *et al.*<sup>[3]</sup> pointed out the use of dermoscope to confirm the complete removal of the tick. In view of the recent report of tick-borne disease like Lyme disease in Nepal in 2018 and multiple reports of the same disease in India recently,<sup>[4,5]</sup> we would like to emphasize the use of dermoscope for the diagnosis, identification of the type, and complete removal of the tick.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given



**Figure 2:** (a) Dermoscopy (Firefly DE300,  $\times 20$ , polarized mode) showing pinkish-red area with the clearly visible tick having four pair of limbs. (b) Pale area with scaling at the point of attachment of the tick (black arrowhead) and intact hypostome of the retrieved tick (white arrowhead)

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his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

### *Conflicts of interest*

There are no conflicts of interest.

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