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Correspondence

Dermoscopy-assisted Radiofrequency-facilitated Extraction of a Live Tick

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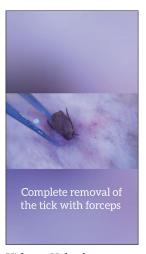
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To the editor,

A middle-aged man presented with a painful skin lesion near the left axilla from the past 10 days. Examination revealed a tick embedded with its mouthparts inside the skin with surrounding erythema. Dermoscopy showed a live eight-legged tick with its body, legs and scutum visible outside and its mouthparts embedded deep inside [Video 1].

Ticks are well known vectors in the transmission of Lyme disease and rickettsial infections. Hence, recognition of tick infestation and their complete removal is important. Dermoscopy has been utilised to good effect in this regard. Dermoscopy not only visualises the tick in vivo



Video 1: Videodermoscopy illustrating the of dermoscopy in the diagnosis and management tick infestation (Polarised dermoscopy [DermLite[™] DL3, 3Gen Inc., San Juan Capistrano, CA, USA], $\times 10$).

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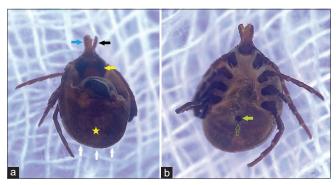


Figure 1: Ex vivo dermoscopy showing the dorsal (a) and ventral (b) aspects of the extracted tick. Note the palps (black arrow), hypostome (blue arrow), scutum (yellow arrow), body (yellow star) and festooning (white arrows) in the dorsal aspect. The ventral aspect shows the anus (green solid arrow) with anal grove (green hollow arrow) and four pairs of legs on either side (Polarised dermoscopy [DermLite™ DL3, 3Gen Inc., San Juan Capistrano, CA, USA], $\times 10$).

and provides a magnified illuminated field during the procedure of its removal but it also helps in assessing the wound and ex vivo examination of the tick after its removal to confirm the adequacy of the procedure and morphological identification of the tick.[1-3] [Video 1] illustrates the utility of dermoscopy in the diagnosis of tick infestation and its removal. We employed a low energy radiofrequency cautery to inactivate the tick.[4] The mouth parts of the tick were then gently grasped with fine-tipped forceps and pulled out slowly without compression or twisting. On removal, the mouth parts (hypostome and palps) were clearly visible suggesting complete extraction [Figure 1]. The extracted tick showed morphological characters of Dermacentor variabilis (dog tick).^[5] A dermoscopic examination of the wound did not show any remnants.

Declaration of patient consent

Patient's consent not required as there are no patients in this

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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