

ACCIDENTS WITH SPIDERS OF THE *PHONEUTRIA* GENUS

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The spiders of the genus *Phoneutria* (Perty 1893) are, probably, responsible for most of the spider accidents in human beings in Brazil.⁴ In the State of São Paulo, where the accidents are notified with higher frequency, they occur mostly in the beginning of the cold season, in the months of April and May, during the daytime, and inside the residences.^{2,5}

Experimental studies demonstrated that the venom acts basically on the sodium channel, inducing depolarization of muscular fibers and sensitive, motor and autonomic nervous endings.^{3,6}

Only local signs and symptoms are observed in most of the accidents. Pain is the most frequent symptom and usually develops immediately after the sting, which is variable in intensity, and may radiate to the proximal segment, or may be followed by local sweating, edema, hiperemia, paresthesia and local muscular fasciculation. More rarely, especially in children and older patients, systemic manifestations may be found, being reported: generalized sweating, hypothermia, vomiting, sialorrhea, visual acuity disturbances, lacrimation, rinorrhea, tachycardia, cardiac arrhythmias, arterial hypotension, priapism, and more rarely, diarrhea, shock, acute pulmonary edema and cardiorespiratory arrest.^{1,2,7} The prognosis is good and deaths very rare. There are 8 reports of death in the Brazilian literature since 1926.

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The spiders of the genus *Phoneutria* (Walt., 1891) are, probably, responsible for most of the spider accidents in human beings in Brazil. In the State of São Paulo, where the accidents are noticed with higher frequency, they occur mostly at the beginning of the cold season, in the months of April and May, during the daytime, and inside the residences.

Experimental studies demonstrated that the venom acts basically on the body channel, inducing hypercontraction of muscular fibers and another, motor and autonomic nervous endings.

Only local signs and symptoms are observed in most of the accidents. Pain is the most frequent symptom and usually develops immediately after the sting, which is variable in intensity, and may relate to the proximal segment, or may be followed by local sweating, edema, trichiasis, conjunctivitis and local muscular fasciculation. More rarely, especially in children and older patients, systemic manifestations may be found, being reported generalized sweating, tachycardia, vomiting, g. salivares, visual acuity disturbance, tetanic motor twitches, tetanic, convulsed autonomic, arterial hypotension, prostration, and, more rarely, diarrhea, shock, acute pulmonary edema and cardiopulmonary arrest. The prognosis is good and deaths very rare. There are 8 reports of death in the Brazilian literature since 1926.

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