



VIOLIN SPIDERS

Violin spiders (English); vioolspinnekoppe (Afrikaans)

SICARIIDAE (*Loxosceles* spp.)

DESCRIPTION

Size: total length: female 6-11 mm; male 4-7 mm.

Colour: the body is yellowish to reddish brown with contrasting darker markings (Fig. 1). **Carapace:** longer than wide with conspicuous deeply impressed fovea; clypeus and chelicerae directed to the front, usually with "violin-shaped" darker marking on anterior part of carapace (Fig. 4); **eyes:** 6 arranged in a recurved row in 3 groups each with 2 eyes; **abdomen:** oval with numerous thin scattered setae; patterns on body resemble daddy-long-legs but larger (Figs 2,3); legs: long and slender with two claws.

HABITAT

They are found in grassland, savanna, Nama- and Succulent- Karoo with two cave dwelling species and some species found in houses in some regions. There are 7 species known from Southern Africa. Two species are often found in buildings: *Loxosceles parrami* and *L. spinulosa*.

BEHAVIOUR

They are not retreat bound and they spin only a few irregular strands of silk serving as retreats under objects on the ground. In buildings they are found in dark corners. They can be divided into two groups: the savanna or grassland species and the cave dwellers. The savanna species are found under rocks, logs, and bark of trees, in old termite nests or in rubble. The gestation period is roughly three months and 3-4 egg cocoons are produced, containing about 15 eggs each. Spiderlings reach maturity within a year and live at least three years.

MEDICAL IMPORTANCE

All species must be regarded as venomous. **Symptoms:** a superficial bite site is painless and initially goes unnoticed; about 2 hours after bite a red swollen lesion, sometimes with a purple centre develops; over next day or two bleeding into site causes a blackened lesion; at day 4 swelling and inflammation subside, while cutaneous necrosis continues to spread, slowly necrotic tissue sloughs off, leaving a deep ulcerating wound - slow to heal, leaving a nasty scar. **Treatment:** should focus on preventing and treating secondary infection; use local antiseptics and systemic antibiotics to promote healing of the ulcers that can be managed conservatively through cleaning and dressing; timely surgical cleaning may arrest a rapidly spreading lesion; Dapsone treatment in low doses for 14 days may limit extent of ulceration; disfiguring scars may require reconstructive surgery with skin grafting at later stage; patient should receive tetanus toxoid booster.

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