

[Home](#)[Great Blue Heron
Parasitism](#)[Symposium 2011 In
Review](#)[Spider Bite in
Squirrel](#)

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Possible Brown Recluse Spider Bite in a Squirrel

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“Peanut” was a fully furred, eyes open, 103 g male squirrel that came into care as an orphan on August 30, 2010. “Peanut” grew well and was happily released with two other squirrels on October 28, 2010 (Thursday). I began to get worried when “Mason” and “Little Girl,” the other squirrels, returned and slept in their cage both the first and second nights. “Peanut” was nowhere to be seen. I was sure that a hawk or other predator had gotten him.

Then, on Saturday afternoon (October 30th), I found him lying in his cage looking terribly ill. I picked him up and felt the heat radiating from his little body – fever. He was very lethargic and was not using his right hind leg at all. His breathing was labored and he whined as if in terrible pain when being handled. There were no visible wounds to be found. My speculations... leg injury... exposure pneumonia? The temperature had been down in the 30s for the past two nights. Perhaps he was not able to reach shelter for warmth due to the injury. I began tubing Lactated Ringer Solution (LRS). Chloramphenicol was started for respiratory infection and meloxicam was started for pain.

On Sunday, October 31st, “Peanut” continued with fever and labored breathing. I also noticed a bald spot with what appeared to be a blood blister on the right abdominal/groin area. I continued to tube LRS as “Peanut” was too ill to eat or drink.

By Monday morning, November 1st, the bald, blistered area had become completely necrotic – hard and black. This was when I asked the question, “Is this a spider bite?” Unfortunately, I had to go to work for six hours. So I left “Peanut” for the day. When I returned from work that afternoon, his right leg was swollen and inflamed. His fever continued, but he was eating and drinking a little. I packed him up and we made a trip to the Animal Clinic.

The veterinarian agreed that it looked like a possible brown recluse spider bite. “Peanut” was very ill. The veterinarian mildly sedated him and debrided the area, inserting a tube for drainage. She also made a few other openings to encourage the infection to come out rather than stay in. “Peanut” was changed to the antibiotic Cefadroxil PO BID for two weeks and to Cefalax antibiotic ointment BID. The ointment was squirted into the tube which had holes in the middle for drainage. It was also squirted in the openings as best as possible. For many days following this vet visit, my mother and I worked on him every morning and every evening. My mother was such a tremendous assistant!



Two days later, November 3rd, I decided to take pictures since I had never encountered anything like this before. “Peanut’s” fever was beginning to decrease, but his right leg was turning gray and the necrotic tissue was still spreading. The good news was that “Peanut” was starting to eat and drink. He was also climbing on the side of the cage a little with his right leg dangling.

After two more days, November 5th, the necrosis had spread to the right leg. But his fever was down and he was eating and drinking well. Again, I took pictures.

On Saturday, November 6th, I took more pictures and consulted with the veterinarian, showing her the pictures. We continued the Cefadroxil and the Cefalax. She gave me a biopsy knife to open new areas in the necrotic tissue. She also gave me some Granulex to start when the necrotic tissue finally came off. Granulex promotes new tissue growth and has some antibiotic properties. By Monday, the necrotic tissue was beginning to flake off. I began using the Granulex on those areas.





One week later, November 14th, the inflammation and swelling had decreased significantly and his strength was improving. The necrotic tissue was continuing to loosen. “Peanut” took his last dose of Cefadroxil on Wednesday, November 17th. The last of the necrotic tissue came off the next day. The Granulex treatment continued daily and “Peanut” continued to gain strength.

Then, at the end of November, a small abscess was noticed on the outside of the right hip. I opened the abscess to allow for drainage and began Sulfamethoxazole/Trimethoprim (SMZ-TMP) antibiotic for five days. It seemed to heal nicely. But, then, around the middle of December, his whole right hip and leg swelled excessively. The backside of his thigh had abscessed. I drained the abscess using a 30 gauge needle which resulted in a gush of foul smelling pus and a large, deep hole. “Peanut” had to have a bath due to the mess! Antibiotics were started once again, amoxicillin this time. The open wound was filled with triple antibiotic ointment using a cotton tipped applicator. Once the hole closed some, the triple antibiotic ointment was replaced by Granulex.

Just when the leg was looking good again, a new abscess was noticed in his groin area near his anus. This area, too, was opened using a 30 gauge needle and resulted in much pus draining. This occurred on Sunday, January 2, 2011. On Monday, I consulted with the veterinarian again. We decided to treat him with Baytril for three weeks. She also gave me Cephapirin Sodium ointment for topical wound treatment.



It is now January 24th. “Peanut” has finished his course of Baytril. The wound sites continue to look good. The right leg is smaller than the left due to the large amount of tissue loss from the necrosis. But “Peanut” is functioning well... full of energy, jumping, climbing, running, etc. He seems to be ready for the wild. “Peanut” will be graduating to a large outside cage soon and will continue to be monitored until early spring for any further signs of infection. “Peanut” is one lucky little squirrel.

It is my hope that this information will help in your decision making process if you encounter a similar situation. Apparently, the infection was very deep-rooted and moved to different areas with each short-term antibiotic use. Perhaps, an initial long-term use of Cefadroxil would have been the answer, as he was only on it for two weeks. I wish you the best of luck working with your challenged “critter.”

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