

Foreign body reaction induced by bee sting therapy

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venom and sting sheath were identified as eosinophilic amorphous material and surrounding yellowing structure, respectively. H&E findings showed histologic similarity for the sting from the live bee and the material in the patient's biopsy. The patient was diagnosed with cutaneous foreign body reaction induced by retained bee stings. Live bee sting therapy was discontinued and the patient was treated with an intralesional injection of triamcinolone, doxycycline, and prednisolone.

"We have reconfirmed that live bee sting therapy causes persistent foreign body granuloma," the authors write.

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(HealthDay)—Foreign body reaction can be induced by bee sting therapy, according to a letter to the editor published online March 31 in the *Journal of Cutaneous Pathology*.

Sun Young Moon, from the Kyungpook National University in Daegu, South Korea, and colleagues describe the case of a 50-year-old woman with persistent localized pruritic skin rash on both corners of the mouth. She had a history of recurrent herpes labialis on both corners of the mouth and had previously suffered from infections cause by live bee sting therapy.

The researchers observed that the skin lesions were foreign body reactions due to bee stings, [secondary bacterial infection](#), and herpes labialis. Yellowish foreign body materials were identified in a [skin biopsy](#) of the lesion, with a central cavity filled with eosinophilic material in hematoxylin and eosin (H&E) staining. A granulomatous inflammatory cell infiltrate surrounded the retained structures. In H&E staining of a live bee sting,

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