SEAL BITES

To whom it may concern

The person presenting this letter is a trained volunteer ‘Marine Mammal Medic’ for the charity, British Divers Marine Life Rescue. Their activities bring them into close and direct contact with marine mammals and at risk of exposure from a variety of pathogens with proven zoonotic potential, including novel marine species of Brucella, Salmonella species and, perhaps most significantly, organisms responsible for the condition known as ‘seal finger’.

Seal finger is an infection resulting from seal bites or contamination of open wounds, usually on the fingers, during the handling of seals. A papular lesion resembling a mosquito bite develops after the bite or exposure, with an incubation period that may range from a few hours to 4 days. This lesion soon becomes swollen and intensely painful but may not be erythematous. Untreated, the lesions can develop into cellulitis, tenosynovitis and septic arthritis. Historically, it has been unclear as to the nature of the pathogens associated with these lesions, but in the 1990s, a Mycoplasma species (Mycoplasma phocacerebrale), a member of the normal oropharyngeal flora of seals, was implicated.

Tetracycline 500mg four times a day for 2-6 weeks has been determined as the treatment of choice for this Mycoplasma infection. Penicillin, flucloxacillin, ampicillin, erythromycin and sulphonamides have all been associated with treatment failure.

Thank you for your attention.

James Barnett BSc BVSc CBiol MIBiol MRCVS
Director and veterinary surgeon
British Divers Marine Life Rescue

References