



Medical Imagery

A case of cutaneous larva migrans



A 2-year-old boy presented with a 15-day history of intensely pruritic serpiginous lesion over the dorsum of the right foot. The lesions had expanded a few millimeters per day. The boy developed the lesions after walking barefoot on a beach in Abia of Malaysia 15 days previously. Examination revealed progressive serpiginous tracks and creeping eruptions on the dorsum of his right foot (Figure 1a). Histopathological examination showed epidermal spongiosis and infiltration of lymphocytes and eosinophils in the middle dermis (Figure 1b). Laboratory examination showed a high number of circulating eosinophils in the peripheral blood (2.2×10^9 cells/L, normal range $0.05\text{--}0.5 \times 10^9$ cells/L).

The final diagnosis of cutaneous larva migrans (CLM) was made. To diminish the symptoms, the patient was treated with albendazole at 100 mg twice daily (15 mg/kg per day) for 7 days (Ma and Vano-Galvan, 2016). After 2 weeks, the eruptions regressed completely. No recurrence was seen at the 3-month follow-up visit.

CLM, also known as “creeping eruption”, is most commonly caused by epidermal migration of hookworm larvae that are transmitted through contact with contaminated feces from infected domestic dogs or cats (Wang et al., 2017). It is characterized by an itchy, raised, erythematous, linear or serpentine eruption mainly on the dorsum of the feet and buttocks. Although it is a self-limiting disease, anthelmintic treatment may help to diminish the symptoms.

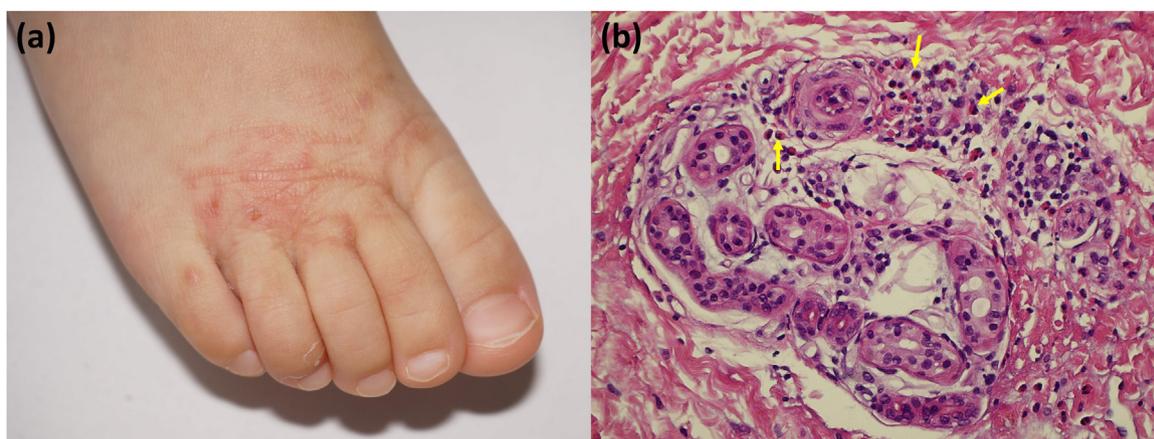


Figure 1. (a). Clinical photograph of the patient before the initial treatment, presenting with progressive serpiginous tracks and creeping eruptions on the dorsum of his right foot; (b). Histopathological examination showed epidermal spongiosis and infiltration of lymphocytes and eosinophils (yellow arrow) in the middle dermis.

Conflict of interest

None reported.

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Ethical approval

No ethical approval was needed.

References

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