



Figure. Pruritic serpiginous rash and white residue from antifungal cream.

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A 35-year-old man presented for care concerning a pruritic rash over his right foot for the past month (Figure). He had tried an over-the-counter antifungal cream without relief. During recent travel to Mexico, which preceded his rash, he suspected that he was exposed to dog feces while walking barefoot on a beach.

For the diagnosis and teaching points, see page 21.

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- This review does not reflect the views or opinions of the US government,
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DIAGNOSIS:

Cutaneous larva migrans. Multiple hookworm species have larvae that can cause a classically erythematous, serpiginous, and intensely pruritic rash. Endemic to subtropical and tropical areas, these hookworms live in the intestines of domestic animals, shedding their eggs through feces into soil. Although the eggs are intended for ingestion by domestic animals to continue the hookworm's life cycle, humans become accidental hosts through contact with contaminated soil. Hatched larvae in the soil penetrate the intact skin but are unable to burrow deeper, and thus are confined to migrate aimlessly in the upper dermis without dissemination into the bloodstream or subcutaneous tissues. Diagnosis is based on visual recognition without laboratory testing or biopsy.¹

Although cutaneous larva migrans can be self-limited, treatment is recommended because of the high risk of infection and intense pruritus. A single dose of oral ivermectin 12 mg or oral albendazole 400 mg has been reported to have cure rates of up to 100%. However, many experts recommend albendazole 400 to 800 mg for 3 to 5 days.² The patient in this case returned to the emergency department when his infection persisted after a single dose of ivermectin, and thus was treated with a week of albendazole on his second visit. He ultimately presented for a third time and was successfully treated with 14 days of albendazole in total.

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