



Pronounced larva migrans with secondary MRSA infection

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Lancet Infect Dis 2019; 19: 1034

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A 33-year-old healthy man presented with a 4-week history of an intensely pruritic eruption on his right leg after a holiday in Cambodia. The eruption was migratory and showed daily, regional progression. On examination, pronounced serpiginous, erythematous, and raised tracts with crusting were noted on the entire lateral side of the affected leg, which is clinically diagnostic of cutaneous larva migrans. A swab test for microbiological testing further showed contamination with meticillin-resistant *Staphylococcus aureus* (MRSA). The patient was treated with oral antibiotics (clindamycin 600 mg×three tablets for 10 days) and ivermectin (200 µg/kg×one tablet). At 3 weeks follow-up, the lesion showed almost complete resolution.

Cutaneous larva migrans is caused by penetration and migration of hookworm larvae within the epidermis of human skin. The condition is characterised by

erythematous, pruritic, and serpiginous plaques, usually occurring on the feet, back, buttocks, thighs, or abdomen. As larvae are unable to penetrate the basement membrane and invade the dermis in humans, the condition is self-limiting.

This case draws attention to the fact that eruptions of cutaneous larva migrans might be secondarily infected with MRSA as occurred in this patient. Thus, in instances where symptoms are particularly pronounced, or where signs of infection are clinically apparent, we encourage adequate microbiological testing.

Contributors

Both authors wrote the report.

Declaration of interests

We declare no competing interests.

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Figure: Larva migrans with secondary infection with meticillin-resistant *Staphylococcus aureus*