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Extensive Cutaneous Larva Migrans On Back

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Abstract

Cutaneous larva migrans is a dermatitis characterized by tortuous migratory lesions of skin caused by third stage larvae of nematodes. A 35 year old male came with itchy raised skin lesions on back for 3 weeks duration. On examination, multiple erythematous to hyperpigmented papules and plaques with wavy serpentine tracts seen over back. Complete hemogram showed Eosinophilia. Based on the history and clinical findings, a diagnosis of extensive cutaneous larva migrans was made. This case is reported to highlight the extensive involvement of larva migrans.

Keywords: Larva Migrans, Serpentine Tracts, Eosinophilia, Albendazole, Ivermectin

Introduction

Cutaneous larva migrans is a common tropically acquired dermatosis. It presents as an erythematous, serpiginous, pruritic, cutaneous eruption caused by percutaneous penetration and subsequent migration of larvae of various nematode parasites.(1)

Case Report

A 35 year old male came with complaints of multiple itchy raised skin lesions over back for 3 weeks. Patient gives history of sleeping over M Sand at construction site. No h/o burning sensation or pain. No h/o oozing or serous discharge. H/o treatment taken for same complaints in the local hospital for which he was given an anti-histamines and unknown topical application. There was no improvement. On examination, there were multiple erythematous to hyperpigmented papules and plaques with wavy serpentine tracts seen over back. The baseline laboratory investigations were normal except for raised absolute eosinophil count. Based on history and clinical findings, a diagnosis of extensive cutaneous larva migrans was made. Patient was treated with Tab. Albendazole 400mg hs for 3 consecutive days, Tab. Ivermectin 12mg hs for 2 consecutive days, Tab. Cetirizine 10mg hs for 7 days and Fucibet cream local application twice daily for 7 days. The lesions were healed with post inflammatory hyperpigmentation after 7 days of treatment.

Discussion

Cutaneous larva migrans also known as creeping eruption or sandworm eruption, is an infestation with larval nematode that wanders in subcutaneous tissues. It is characterized by tortuous migratory lesions of skin caused by larvae of nematodes.(1) Most common nematodes are Ancylostoma braziliense, Ancylostoma caninum, Ancylostoma ceylonicum, Uncinaria stenocephala, Bunostomum phlebotomum and Strongyloides stercoralis. A.braziliense is the most common nematode infecting humans mostly seen in warm, humid, tropical and subtropical regions. International travel and increasingly exotic diets have resulted in an increase in cases of

cutaneous larva migrans in industrialized countries.[2] It occurs when the larvae of cat or dog hookworm penetrate the intact exposed skin and migrate through the epidermis progressing at the rate of few millimeters to about 3cm/day.

Symptoms usually start after penetration of the skin within few hours. The site of penetration presents as a red itchy papule, which later becomes vesicular. Wandering movements causing creeping eruptions usually start after 4 days but at times the larvae may lie dormant for weeks or months. The commonest sites are hands, feet, abdomen and gluteal regions. Eosinophilic pustular folliculitis may be associated with serpentine eruption.[3] Larvae migrans occurring over penis, oral mucosa and in infants have also been reported.[4] Secondary infection is common as a result of intense pruritus. As in human hookworm infestation, larva migrans may present with Loefflers syndrome. Though the disease is self-limiting, the larvae may migrate aimlessly for months before they eventually die. Treatment options available are Tab. Ivermectin, Tab. Thiabendazole, Tab. Albendazole, Tab. Mebendazole, topical Thiabendazole, DEC, freezing the tracks or their ends by cryotherapy with liquid nitrogen.[5] Topical albendazole ointment has also been tried in young children.[6]

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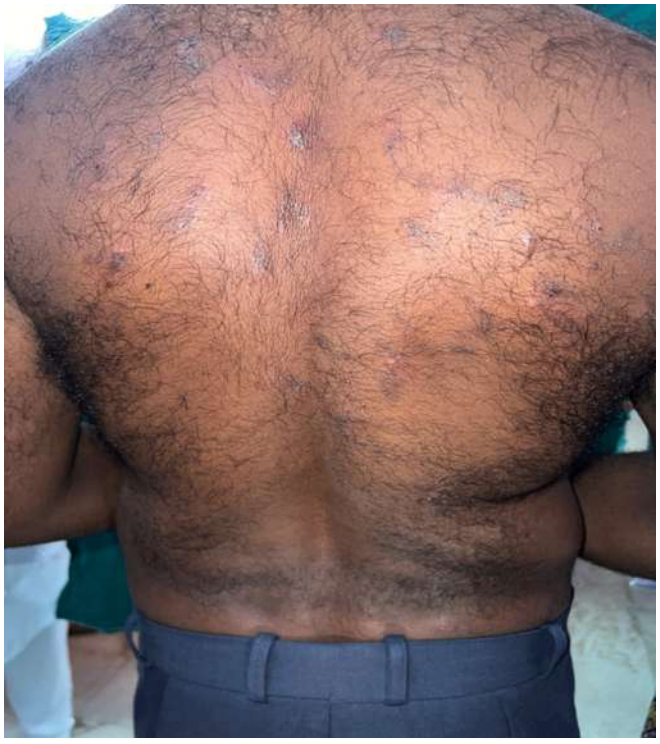
BEFORE TREATMENT



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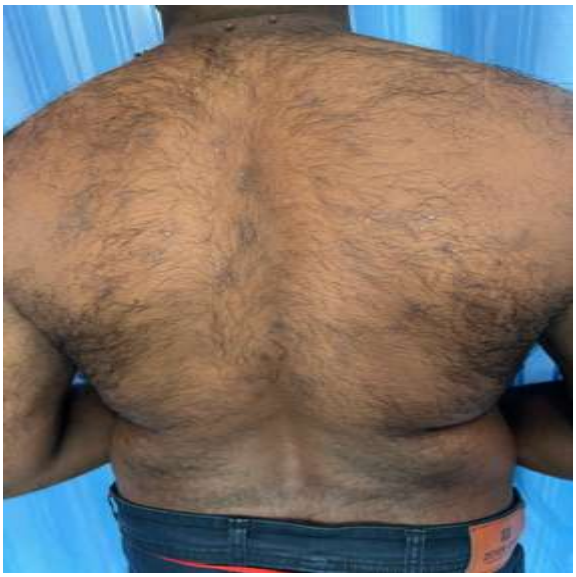
AFTER TREATMENT



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