CUTANEOUS LARVA MIGRANS
“CREEPING ERUPTIONS”

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Abstract
Cutaneous larva migrans (CLM) is the most common tropically acquired dermatosis, caused by accidental percutaneous penetration and subsequent migration of larvae of various nematode parasites. We are presenting here a clinical image of Cutaneous larva migrans.

BACKGROUND:
Cutaneous larva migrans (CLM) is caused by accidental percutaneous penetration and subsequent migration of larvae of various nematode parasites. The larva, after penetrating the epidermis, is unable to enter the blood or lymph streams and burrows just below the corneum, travelling up to an inch a day. Papules mark the site of entry and advancing end of the larva, and the tunneling causes linear, slightly elevated erythematous and serpigenous areas which itch intensely. Vesicles may form along the course of the tunnels and scaling develops as the lesions age. They may develop secondary bacterial infection. The eruption generally disappears after 1–2 months with or without treatment, but may present for 6 months or longer.

KEYWORDS:
Cutaneous larva migrans, serpiginous lesions, nematode scolex

CASE HISTORY:
A 70 yr old male Mr. XY without any co-morbidity factors came with H/O itchy eruption in his lateral aspect of right thumb, which began as a small lesion 1 week back after handling a flower pot, then kept on increase in size over the week and attained the present size. On examination there is a serpiginous skin eruption with rounded structure in one end suggestive of scolex- a case of CUTANEOUS LARVA MIGRANS “CREEPING ERUPTIONS”. Patient was treated with single dose Ivermectin (200mcg/day), complete resolution was attained in another 3 days.

DISCUSSION:
Cutaneous larva migrans is caused by the larvae of animal hookworms, of which Ancylostoma braziliense is the species most frequently found in humans. These hookworms generally live in the intestines of domestic pets such as dogs and cats and shed their eggs via feces to soil (usually sandy areas of beaches or under houses).

Humans are infected in tropical and subtropical areas of endemicity by contact with contaminated soil. The hookworm larva burrows through intact skin but remains confined to the upper dermis, since humans are incidental hosts. Larval migration through the skin is marked by an intensely pruritic, linear, serpiginous track known as a creeping eruption. Cutaneous larva migrans usually heals spontaneously within weeks or months. Complications include impetigo and local or general allergic reactions. These potential complications, together with the intense pruritus and the duration of the disease, make treatment mandatory. The most effective treatment is topical or oral administration of antihelmintic agents, such as albendazole, thiabendazole, and ivermectin.

CONCLUSION:
Cutaneous larva migrans caused by the larvae of animal hookworms is one of the most frequent skin diseases in tropical countries. Complications (impetigo and allergic reactions), together with the intense pruritus and the significant duration of the disease, make treatment mandatory. Topical or oral administration of antihelmintic agent or ivermectin is treatment of choice.
REFERENCES:


CONFLICT OF INTEREST:

Dr. R. Jayanthi is a member of the editorial board, who has also authored this article was not involved in the selection, review and publication of this article.