CASE REPORT

Cutaneous larva migrans

M. NICOL

Department of Accident and Emergency, Warrington District General Hospital, Warrington, England

INTRODUCTION

The accident and emergency department is often the first place a patient will attend with a non-urgent, though worrying condition. A patient may present with seemingly trivial symptoms, especially after returning from abroad. It is important to be vigilant in order to detect exotic conditions presenting with unremarkable symptoms. One such condition is cutaneous larva migrans.

CASE REPORT

A 17-year-old girl attended the department on her return from a holiday in Spain. She related the development of a lump on the side of her foot which progressed over a few days to a red itchy line. She could not recall any particular trauma, bite or sting. Throughout the week she had remained well. In Malaga, she received anonymous oral medication without effect. During her holiday she did not walk on a beach, although she recalled walking barefoot in a botanical garden. On examination there was an irregular line, 5 cm in length, uniformly erythematous on the lateral aspect of her tanned right foot. There were no signs of excoriation, lymphangitis, or regional lymphadenopathy. Clinically she was well and afebrile. From his elective, the SHO was familiar with the skin track as being typical of cutaneous larva migrans. Chlorpheniramine 4 mg PO TDS was prescribed but definitive treatment was deferred until the following day when examined by the senior lecturer in tropical medicine who confirmed the diagnosis, and prescribed the application of 10% thiabendazole cream.

Fig. 1. A typical example of cutaneous larva migrans (by kind permission of Dr Wyatt).

Fig. 2. The patient's affected foot.

DISCUSSION

Hookworm larvae, particularly *Ancylostoma braziliense*, excreted from infected dogs, cats and cattle can penetrate the exposed skin of man, commonly hands, feet and buttocks. The migration of larvae give rise to the characteristic serpiginous lesion, rather than an immunological response. Although not uncommon in the Caribbean and the Southern United States of America, especially among plumbers and farmers, it is unusual in tourists in Europe.

It is prudent to enquire about travel in patients presenting with skin lesions. If the skin lesion has developed after foreign travel he or she should be referred to a dermatology or tropical medicine clinic.

ACKNOWLEDGEMENTS

Thanks to my senior colleagues for their advice and help.

REFERENCES

- Davis C. M. & Israel R. M. (1968) Treatment of creeping eruption with topical Thiabendazole. *Archives of Dermatology* 97, 325–6.
- Kossman C. E. (1981) Cutaneous larva migrans report of five cases. *Journal of Tennessee Medical Association* 74, 874–9, 883.
- Anon Cutaneous larva migrans in American tourists to Martinique and Mexico. *Morbidity and Mortality Weekly Report* July 3, 30, 308, 313.
- Lee C. P. & Bishop L. J. (1988) The incidence of cutaneous larva migrans in Montserrat, Leeward Islands West Indies. *West Indian Medical Journal* 37, 22–4.