



Case Report

Cutaneous Larva Migrans -A Case Report

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Abstract

A case of cutaneous larva migrans came to the dermatology outdoor of Rajshahi Medical College Hospital with the complaints of migratory cutaneous itching lesion on her right hand. At the onset she had papules with mild itching on ventral aspect of her right hand. The papular eruption turned into a raised linear line progressed with tortuous course and finally ended at the medial aspect of right thenar eminence about one inch below the wrist crease. The lesion looked like a thin, raised serpiginous line with mild erythema. Complete blood picture shows high eosinophilic count, with mild anaemia and histopathology shows features of chronic dermatitis. But no larva was present in the lesion. Stool for routine examination shows eggs of *Ancylostoma duodenale*. The patient was diagnosed as cutaneous larva migrans. The patient was prescribed tab. Albendazole DS 400 mg. twice daily for 3 days and tab. Cetrizine 10mg. once daily for 10 days. The dose of Albendazole was repeated after 14 days.

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Introduction

Creeping eruption or larva migrans is a term applied to twisting, winding linear skin lesions produced by the burrowing of larva. People who go bare footed to the sea beaches, children playing in the sand boxes, carpenters, plumbers, farmers & gardeners are often victims of this disease. The most common sites of involvements are the feet, buttock, genitals and hands.

The onset is characterized by slight local itching and the appearance of papule at the site of infestation due to migration of larvae. Intermittent stinging pain occurs and thin red tortuous lines are produced in the skin. The migration begins four

days after inoculation and progresses at the rate of about 2 cm. per day. However, the larva remains quiescent for several days or months before beginning to migrate. The linear lesion may be interrupted by papules that mark the sites of resting larvae. As the eruption advances, the old parts tend to fade, but there are sometimes purulent manifestations due to secondary infection. If the progress of the disease is not interrupted by treatment, the larvae usually die in two to eight weeks.

Ancylostoma braziliense and *Ancylostoma caninum* are the common parasites causing larva migrans in the united States. *Ancylostoma duodenale* may also cause this disease in our country.

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Case history

A 18 years old young lady of Kakonhat, Godagari, Rajshahi presented in June 2004 at the skin and VD out patient department of Rajshahi Medical College Hospital with a three day history of migratory itching cutaneous lesion on her right hand. At The onset she had papule with mild itching on lower part of the right hand one inch above wrist crease. Thereby the papular eruption turned into a raised linear line, continued a tortuous course and finally ended at the medial aspect of right thenar eminence about one inch below the wrist crease. She felt mild stinging pain intermittently, scratched the lesion frequently & took some pain killer, but having no relief. The lesion looked like a thin, raised serpiginous line with mild erythema. Some parts of it were excoriated. She was mildly anaemic but afebrile and was otherwise well. A detailed interrogation revealed that she comes of a family of farmer, living in a rural mud house with a mud floor. She often uses slippers while walking and has access to basic sanitation. But as a part of usual household activities she has to come in contact with soil frequently.

Complete blood picture shows mild anaemia & high eosinophil count. Stool for routine examination shows eggs of *Ancylostoma duodenale*. Biopsy report was compatible with Larva migrans.

Discussion

Worm infestation is a common problem in our country. We are very much concerned about the gastrointestinal problem caused by nematodes. But there are many cases causing dermatological problems by these nematodes specially Ancylostome group of nematodes. In our case the patient was treated as eczema for a pronged period but was not cured permanently. Anthelmintic drug was not used previously for this patient. We have to remember that there are some diseases which may be confused with larva migrans. They are larva currans, photo allergic contact dermatitis, photo allergic contact dermatitis, primary stage of herpes zoster etc. we prescribed albendazole and ceterizine tablet. The patient improved dramatically within 14 days. With proper history taking and relevant laboratory investigation we can diagnose this disease and treat properly instead of misleded by giving the treatment of eczema .

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