Images in Clinical Tropical Medicine

Extensive Cutaneous Larva Migrans

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Cutaneous larva migrans (CLM) is a common dermatosis that is acquired in subtropical areas and is caused by animal nematode larvae, mainly including *Ancylostoma braziliense* and occasionally *Ancylostoma caninum*.^{1,2} Larvae penetrate the skin after contact with infected soil and cause creeping eruptions. Typically, a single or a few tracts are present. We report an unusual case of an extensive infection.

A previously healthy 18-year-old man presented with a 1-month history of diffuse and pruritic skin eruption located mainly on the thorax and abdomen. He had returned 1 month earlier from a 2-week trip to Martinique where he had laid on the local beaches. He presented with diffuse linear erythematous and serpiginous tracts (Figures 1 and 2). Laboratory tests revealed leukocytosis of $14.5 \times 10^6/\text{mm}^3$ with 47% eosinophils. The clinical diagnosis was typical CLM. He was successfully treated with a single dose of oral ivermectin (200 µg/kg).

In most cases, CLM manifests as a single or a few serpiginous tracts. A more widespread eruption may be associated with a follicular location.³ Some parasitoses such as strongyloidiasis or scabies may manifest with a particularly high burden of parasites and are reported in these circumstances such as “hyperinfection.” Similar to these types of parasitoses, the unusual clinical presentation of our patient with widespread lesions suggest a hyperinfection of CLM.

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REFERENCES

1. Jelinek T, Maiwald H, Nothdurft HD, Löscher T, 1994. Cutaneous larva migrans in travelers: synopsis of histories, symptoms, and treatment of 98 patients. *Clin Infect Dis* 19: 1062–1066.
2. Caumes E, 2000. Treatment of cutaneous larva migrans. *Clin Infect Dis* 30: 811–814.
3. Caumes E, Ly F, Bricaire F, 2002. Cutaneous larva migrans with folliculitis: report of seven cases and review of the literature. *Br J Dermatol* 146: 314–316.

FIGURE 1. Multiple serpiginous skin tracts. This figure appears in color at www.ajtmh.org.

FIGURE 2. Closer view of the tracts. This figure appears in color at www.ajtmh.org.

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