Cutaneous Larva Migrans

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SUMMARY

Two cases of cutaneous larva migrans contracted outside Qatar and successfully treated with 10% thiabendazole cream are reported. To our knowledge, these are the first cases of cutaneous larva migrans reported in Qatar.

Case Report

Case 1: A seven-year-old girl attended the dermatology Clinic because of pruritic skin lesions on the dorsum of her left foot following a vacation in Yemen. She gave a history of walking and playing bare foot in the desert.

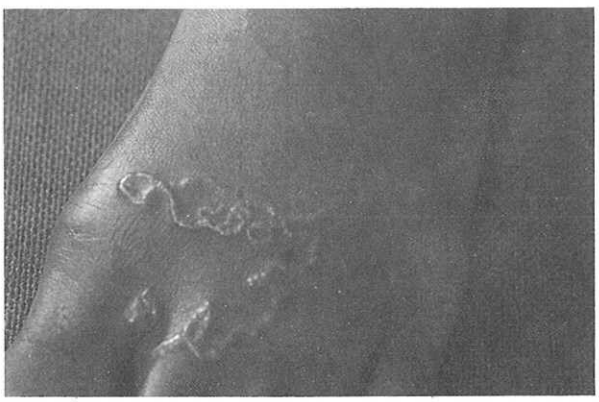

Fig. 1: A tortuous elevated lesion on the dorsum of the left foot of Case 1.

On examination, there was an erythematous, tortuous, slightly raised lesion on the dorsum of the left foot (Fig. 1). The patient was treated with 10% thiabendazole cream, three times daily for five days (tablets crushed and mixed with aqueous cream). Complete resolution of the signs and symptoms followed the treatment.

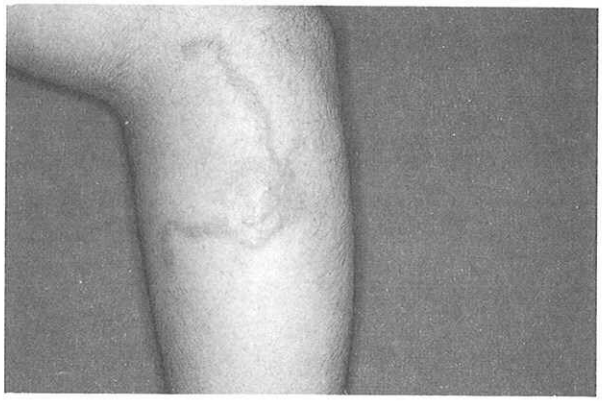

Fig. 2: Erythematous raised tortuous lesion on the left forearm of Case 2.

Case 2: A 22-year-old male patient attended the Dermatology Clinic with pruritic, erythematous, elevated, and tortuous lesion on the right forearm (Fig. 2). The patient had a history of vacation in Thailand beach. Similar to case 1, he was successfully treated with topical application of 10% thiabendazole cream.

Discussion

Larva migrans is a cutaneous helminthic infestation of Ancylostoma Brazilienses and

was first described by Lee in 1874. Adult hookworms that live in the intestine of dogs and cats deposit ova through feces which will hatch larvae that can penetrate the human skin. Because of the moving or migrating parasites in the skin, forming tortuous tracks and loops, the condition is known as creeping eruption. The clinical diagnosis is relatively easy.

The larvae may cause non specific dermatitis at the site of entry. The larval track is an allergic reaction to larvae. The usual sites affected are feet, buttocks, and hands. Other sites are elbow, breast and thighs. After the entry of the larvae through the hair follicle, the creeping eruption may start immediately or sometimes weeks or months later.

This condition is usually seen in the tropics. The incubation period is less than a week, but it may extend to several months.[1] If the condition is not treated the larvae die within 2-8 weeks but can sometimes persist up to one year.[2] Severe infestation of larva migrans can be accompanied by Loeffler's syndrome of pulmonary eosonophilia.[3]

Treatment with topical applications of CO2 snow, liquid nitrogen, electro-cautery, etc. is always unsuccessful. Topical thiabendazole is an effective treatment for larva migrans.[4] However, if topical treatment fails, systemic treatment is required. Albendazole is an effective systemic therapy. It is used in 400mg daily for three days.[5,6]

In conclusion, we have successfully treated 2 cases with cutaneous larva migrans with 10% thiabendazole cream. Topical albendazole is considered a safe and effective treatment for this condition. However, more cases are needed to confirm this conclusion.

Acknowledgement

I would like to thank Dr. P.M. Abdul Gaffoor for his help in preparing this manuscript, and Ms. Maria Ilescas-Panesa for typing it.

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