

Image and Diagnosis

*Contributed by EW Williams¹, JF Lindo², S French¹,
A Chambers³, J Williams-Johnson¹*

Clinical Data

This 50-year-old diabetic Caucasian male tourist presented with a two-day history of a pruritic eruption on the skin of his left leg and thigh. He had reported being on the beach several times prior to his presentation. Significant examination findings were confined to his skin. There were multiple erythematous serpiginous tracts on his left leg and left thigh (Figure). The rest of his examination was unremarkable. He was only on oral medication for diabetes mellitus.

What is the diagnosis?

Answer on page 211.



Figure: Anterior aspect of left thigh demonstrating multiple erythematous serpiginous tracts.

From: Departments of Surgery, Radiology, Anaesthesia and Intensive Care, Emergency Medicine Division¹, Microbiology², and Medicine, Section of Dermatology³, The University of the West Indies, Kingston 7, Jamaica, West Indies.

Correspondence: Dr EW Williams, Emergency Medicine Division, Department of Surgery, Radiology, Anaesthesia and Intensive Care, The University of the West Indies, Kingston 7, Jamaica, West Indies. E-mail: verz3us@yahoo.com.

Answer to Image and Diagnosis

Diagnosis

Cutaneous Larva Migrans (CLM)

Comment

Cutaneous Larva Migrans (creeping eruptions) is often a self-limiting, erythematous serpiginous pruritic rash as seen in the photograph. It is caused by the burrowing larvae of the dog and cat hookworms, *Ancylostoma caninum* and *Ancylostoma braziliensis*. The larvae hatch from eggs, which are passed in dog and cat faeces and mature into the third stage (filariform) in the soil. Humans become infected after skin contact with soil contaminated with these larvae. The larvae form tortuous tracts through the dermal-epidermal junction and advance several centimetres per day. Once in the skin, the larvae are unable to penetrate the stratum germinativum of their unnatural human host and migrate laterally, causing a localized non-specific dermatitis (1).

Cutaneous larva migrans occur in a sporadic manner and is often not encountered by physicians. As the cases are often self-limiting and the lesions may not be visually obvious in dark skinned persons, the number of cases may be under-diagnosed in the Jamaican population. The initial diagnosis made by clinicians is inaccurate in 55% of cases; erroneous diagnoses include ant bites, scabies and linear lichen planus (2). Diagnosis (as in this case) is made on the basis of the characteristic clinical features. Laboratory test-

ing has no role since eosinophilia occurs in a minority of cases (1). Cutaneous larva migrans is especially prevalent among children and in regions with warm humid climate including the southern United States of America (3). Epidemiologic information for the Caribbean is scant. Several cases of CLM have been reported among European and American tourists while on holiday in Jamaica (2, 4).

At present, there are intervention programmes in the Caribbean to remove cats and dogs from public beaches in light of the adverse health effects and the impact this may have on the tourist industry (4).

Symptoms can be alleviated by thiabendazole administered orally (25 mg/kg twice daily). Physicians in industrialized areas as well as in tourist resort regions should be fully aware of this condition which can be mis-diagnosed if there is not a high index of suspicion.

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