

Case Blog

Title: A Case of Cutaneous Larva Migrans in Turkish Patient

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Figure 1: Linear, erythematous, serpiginous localized lesion on right arm.

Case Presentation

A 54-year-old man came to our clinic with complaint of a pruritic and erythematous contagious lesion that appeared two weeks prior on the right arm. He stated no chronic disease and drug usage. He had traveled to Brazil three weeks ago. His physical and systemic examinations were normal but on examining the skin, we found a 4-5 cm linear, erythematous, serpiginous lesion localised on the right arm (Figure 1). Due to travel history and the clinical findings, we evaluated the patient as a case of cutaneous larva migrans (CLM). Eosinophilia were not detected in laboratory tests and chest radiographs were normal. The patient was started albendazole 400 mg/day. A few days later; his complaints and lesion decreased. CLM is a parasitic infection generally seen in tropical areas and travellers visiting those areas. CLM's more common resource is hookworm contaminated dog and cat's stool [1]. CLM is often presented with erythematous, serpiginous, pruritic, cutaneous eruption caused by accidental percutaneous penetration and subsequent migration of larvae [1-3]. To our knowledge, there is only one case report from Turkey but whose subject is an Australian tourist [4]. Here, we report a case of CLM who is a Turkish citizen visited Brazil.

References

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2. Nash TE (2005) *Visceral larva migrans and other unusual helminthic infections* (8th edn.) Elsevier Churchill Livingstone. Philadelphia pp: 3295-3296.
3. <http://emedicine.medscape.com/article/1108784-overview>
4. Yavuzer K, Ak M, Karadag AS (2010) A Case Report of Cutaneous Larva Migrans/Bir Kutanöz Larva Migrans Olgusu. *Eurasian Journal of Medicine* 42: 40-41.