

Clinical Image

Open Access, Volume 4

Cutaneous larva migrans

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Received: Oct 07, 2023

Accepted: Nov 02, 2023

Published: Nov 09, 2023

Archived: www.jcimcr.org

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DOI: www.doi.org/10.52768/2766-7820/2682

Keywords: Serpiginous track; Pruritus; Ancylostoma braziliense; Ancylostoma caninum.

Description

A 13-year-old female presented to our clinic with a pruritic, progressive, 5 centimeters long cutaneous linear erythema on the left foot. The patient informed us that the lesion appeared progressively 2 weeks before. She spent hours in contact with seawater and sand without protection due to beach holidays. At first, the patient detected irritated redness on the dorsum of her left foot. She noticed that the lesion progressed forming a tortuous red cutaneous line. No personal pathological history was reported. Physical examination revealed an erythematous linear serpiginous skin lesion on the dorsum of the left foot (Figure 1). The clinical diagnosis was cutaneous larva *migrans* caused by *Ancylostoma braziliense*. The patient was treated with cycles of 30 second with liquid nitrogen applied directly on the lesion, remitting completely.

Linear serpiginous lesion or larva *migrans* is a tropical parasitic condition caused by *A. caninum* or *A. braziliensis*, characterized by erythematous papule that appear between 24-48 hours; and within a few days they transform into a serpiginous, pruritic, and erythematous linear lesion [1,2]. Generally, this lesion is usually a single injury located on feet. In extraordinary

cases the clinical presentation is visceral, such as Löffler syndrome. The diagnosis is clinical, and the treatment is variable, based in ivermectin, albendazole or cryotherapy. However, in some cases there could be a spontaneous remission between 2-8 weeks [2,3].

Declarations

Conflict of interest: None of the other authors has any conflict of interest to declare concerning this paper.

Funding: None.

References

1. González-Ramos J, González-Silva Y, Hernández-Cano N, Vidaurázaga-Arcaya C, Herranz-Pinto P. Infestación cutánea diseminada por larva migrans. *Semergen*. 2010; 41: 458-60.
2. Da Silva Dias V, Picard C, Domp Martin A. Larva migrans ankylostomienne [Cutaneous larva migrans]. *Ann Dermatol Venerol*. 2020; 147: 400-2.
3. Hla Aye MT, Kyaw AY, Rubel AR, Han MB, Mani BI, Chong VH. Cutaneous larva migrans. *QJM*. 2022; 115: 849-50.



Figure 1: The distinctive serpiginous, erythematous, elevated skin lesion of the cutaneous larva *migrans*.