Filariform larvae penetrate the epidermis through hair follicles or fissures, or through intact skin using proteases, [1, 2]. The larvae usually cannot penetrate the human dermis [1, 2]. The worms wander aimlessly and produce a serpiginous lesion [1, 2]. The lesion is raised, sharply demarcated, erythematous, and intensely pruritic [2] (figure 1). The incubation period from the time of infection to the onset of symptoms ranges from 1 week to several months [2]. The creeping eruption usually advances at a rate of 1–2 cm per day [2]. The diagnosis of cutaneous larva migrans is made clinically [2]. Because humans are not the primary host, the larvae will eventually die [1, 2].

Our patient was treated with oral thiabendazole, and his symptoms resolved 2 days after treatment was completed. Patients with cutaneous larva migrans can be treated with oral or topical thiabendazole [1, 2]. The oral dosage is 25–50 mg/kg-day, which is given every 12 hours for 2 days (maximum dosage is 3 g/d). Topical thiabendazole (5 mL of a 10% suspension) is applied four times a day for a total of 10 days [1, 2].

Diagnosis: Cutaneous Larva Migrans

Cutaneous larva migrans is caused by larvae of the dog and cat hookworms [1, 2]. The disease occurs in the tropics and the subtropics [1, 2]. In the United States, most cases are found in Florida and Georgia [2], although cases can also be found in Alabama, North Carolina, South Carolina, Texas, and Virginia [2].

Figure 1. Erythematous serpiginous lesion on the plantar aspect of the foot of a 29-year-old man who returned from a beach vacation in Jamaica.

References