

Cutaneous *Larva Migrans* Autochthonous Case

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A previously healthy 8-year-old boy from a rural area in Northern Portugal, with no history of travel, was admitted in the emergency department during the summer due to a three week progression of an erythematous and pruriginous rash on the chest, left upper limb, and right lower limb, without accompanying symptoms. He had contact with dogs. He had been prescribed topic fusidic acid without improvement. On examination, an erythematous, papular, and serpiginous cutaneous eruption with a circular end on the left upper limb (12 cm long) (Fig. 1), and maculopapular eruptions on the chest and right lower limb suggesting insect bites were observed. The remaining examination was unremarkable. Considering the diagnosis of cutaneous *larva migrans*, oral albendazole was prescribed (10 mg/kg/day, three days). He was re-evaluated a week later and showed complete regression of the lesion. Cutaneous *larva migrans* is an infection caused by the nematode parasites of dogs and cats (mainly *Ancylostoma braziliense*) frequent in tropical and subtropical areas yet rare in temperate climates.¹⁻⁵ Parasite eggs are transferred from animal feces into the soil, wherein with the ideal conditions they become larvae.¹⁻³ Humans are accidental hosts; the larvae penetrate the skin and

migrate through the epidermis (progressing 2 mm to 3 cm per day), originating an inflammatory response along their trajectory.^{3,4} The result is a creeping eruption with a typical acral location.¹ The diagnosis is mostly clinical, without the need of further investigation.² This dermatosis is typically self-limited (lasting a few months), but treatment with anthelmintic agents, such as albendazole, is recommended to reduce symptoms and complications.³

Keywords: Child; Larva Migrans/diagnosis; Larva Migrans/drug therapy; Portugal

WHAT THIS REPORT ADDS

- Cutaneous *larva migrans* is an endemic parasitosis in tropical and subtropical countries and rare in non-endemic areas, such as Portugal. Global warming and the subsequent temperature rise could explain the upsurge of these species in temperate climates.
- This diagnosis should be considered when faced with a creeping eruption even in the absence of history of travel.

Conflicts of Interest

The authors declare that there were no conflicts of interest in conducting this work.

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Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.



Figure 1. Creeping eruption with a circular end on the left upper limb.

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