

Images in Paediatrics

Cutaneous larva migrans in a child

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A 2 year old girl child presented with intensely pruritic lesion over right foot since 2 days and started on cetirizine syrup. After 2 days there was progression of the lesion in a serpiginous manner (Figure 1). She used to play every day in the park for 1-2 hours, sometimes bare footed. Her blood counts, absolute eosinophil counts, stool microscopy and chest X-ray were normal.

Cutaneous larva migrans (CLM) is tropically acquired parasitic infestation caused by incidental infestation of a human skin by animal nematode larvae usually thriving on dogs and cats [1, 2]. The invasion of larva is limited to the epidermis [3]. The eggs passed by animals subsequently mature into filariform larvae which penetrate the skin of new human host [2]. Thus, CLM is mainly dependent on

environmental factors and behavioural factors [2]. The initial lesion is an erythematous, papular itchy lesion [1]. Soon a slightly raised, flesh colored or pink swollen lesion about 2-3 mm thick develops and forms linear, serpentine (serpiginous) or bizarre tracks [1, 2, 3]. As the larva migrates a linear wandering erythema that is clearly separated from its surrounding appears [1]. It usually occurs on the feet, abdomen, buttocks and hand [3]. CLM is a clinical diagnosis which is based on the typical skin findings. The differential diagnoses include scabies (generalized, burrows in inter-digital spaces) cutaneous bacterial and fungal infections, and contact dermatitis [4]. Our child responded to two weeks course of albendazole. The lesion healed completely without scarring. Footwear use prevents this condition.



Figure 1- An erythematous curvilinear lesion on dorsum of the foot.

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