

Cutaneous Larva Migrans

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A 42-year-old male patient, resident of Northeast Brazil, presented with a 5-d history of a pruritic eruption on his foot (Figure 1a). Physical examination revealed a 1.5-2 cm long, serpiginous, slightly elevated, erythematous, raised tract between toes T3 and T4 on the dorsal surface of the left foot (Figure 1b). The patient reported having played volleyball on the beach a few days prior to the onset of the rash. Laboratory tests, including eosinophil count, were within normal limits, indicating no systemic alterations. The patient was clinically diagnosed with cutaneous larva migrans and treated with topical thiabendazole three times a day for 10 days. The lesion healed after 2 weeks.

Cutaneous larva migrans is a prevalent parasitic skin disease, endemic to the tropics and subtropics, and caused by skin contact with soil contaminated with hookworm-containing dog and cat feces.¹ *Ancylostoma caninum*, *Ancylostoma braziliense*, and *Uncinaria stenocephala* are the most common nematodes associated with this zoonotic infection.² The skin manifestations of cutaneous larva migrans include a linear or serpiginous, pruritic larval

track, with folliculitis and migratory subcutaneous nodules.³ The distinctive clinical appearance, in addition to a history of exposure to contaminated soil or sand, is sufficient for accurate diagnosis. Treatment for this condition involves application of topical thiabendazole or administration of oral albendazole.⁴ Prevention efforts for larva migrans focus on avoiding direct contact with contaminated soil⁵ by wearing footwear, in endemic areas, such as Brazil. Additionally, deworming of pets plays a critical role in eradicating the infection. Considering global population mobility, healthcare providers must consider travel history during clinical assessment. Moreover, communities in endemic regions must adopt preventive measures against this zoonosis.

Informed Consent: Written informed consent was obtained from the patient.

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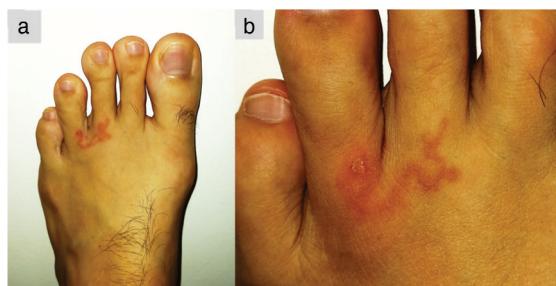


FIG. 1. (a, b). A 1.5-2 cm long, serpiginous, slightly elevated, erythematous, raised tract between toes T3 and T4 on the dorsal surface of the left foot.



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