Images

Hookworm-related cutaneous larva migrans

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A 58-year-old man presented to the emergency department of a military hospital in Iraq with an expanding pruritic lesion on the sole of his right foot (Fig. 1). He denied having any systemic symptoms. The patient first noticed the lesion 3 days before his presentation and had been applying bacitracin ointment to the area with no change. Of note, he had recently returned from a 2-week vacation to the Philippines where he reported having been barefoot most of the time.

A diagnosis of hookworm-related cutaneous larva migrans (CLM) was given. Cutaneous larva migrans is the most common travel-associated skin disease of tropical origin.[1] Also referred to as a "creeping eruption," CLM is a generic term used to describe a variety of conditions in which there is daily progression, up to several centimetres, of a slightly elevated, erythematous rash in a linear or serpiginous pattern.[2] Hookworm-related CLM is acquired from direct contact of exposed skin to contaminated soil, with the feet, buttocks and thighs being the most commonly affected areas.[1,3] Adult hookworms live in the intestines of dogs and cats, shedding eggs in feces that hatch and mature into larvae that can remain infective for months in the soil.[2] Humans are typically dead-end hosts, as the larvae wander aimlessly in the skin and cannot gain access to the lymphatic or venous systems to reach the intestines and complete their life-cycle.[3]

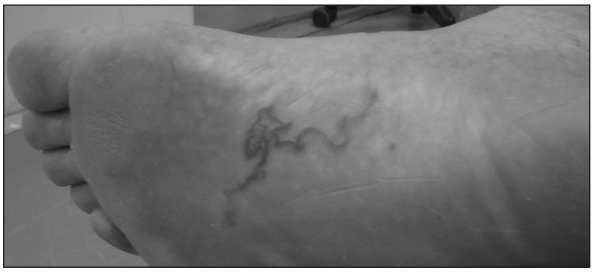

Fig. 1. Expanding pruritic lesion on the sole of the right foot of a 58-year-old man.

Intense pruritis and occasionally pain are the most frequently reported symptoms. Laboratory testing and skin biopsy are of little benefit. Although CLM is largely a self-limiting disease, 8% of patients get a bacterial superinfection, and 81% of patients experience disturbed sleep.[1,2] Treatment with antihelminthic agents such as single-dose ivermectin or a 3-day course of albendazole has cure rates of 92%–100%.[1] Topical thiabendazole is also effective, but less desirable because of issues with patient compliance.[2] During times of war, skin disorders are a common reason for outpatient visits by soldiers and lost combat days.[4] Outbreaks of CLM in soldiers tend to be from tourist behaviour, not military activities.[5]

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Keywords: hookworm, CLM, cutaneous larva migrans, creeping eruption, tropical medicine, military medicine

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