

## JANUARY ANSWERS

### QUESTIONS

1. What is the diagnosis?
2. What is the possible cause of the pulmonary infiltrate?
3. What are the aetiological factors?
4. What investigation can be done?
5. What is the treatment?



### ANSWERS

1. The diagnosis is cutaneous larva migrans (CLM). CLM is a tropical cutaneous parasite infestation in which human skin is penetrated by the larvae of the animal hookworm during direct contact with animal faeces, or contaminated sandy soil. A history of sunbathing, walking barefoot on the beach or similar activities in a tropical location is classical for CLM cases.
2. It is believed that CLM usually remains limited to the skin. In rare cases, peripheral eosinophilia with migratory pulmonary eosinophilic infiltrate can be present.
3. Cat and dog hookworms such as *Ancylostoma braziliense*, *Ancylostoma caninum* and *Uncinaria stenocephala* are the most common aetiological causes of CLM.
4. Diagnosis of CLM is usually made clinically. A skin biopsy can be taken just ahead of the leading edge of a tract. It may show a larva in a suprabasilar burrow, epidermal spongiosis and dermal oedema with inflammatory infiltrate with eosinophils.
5. Topical thiabendazole can be used to treat early localized lesions whilst systemic thiabendazole may be needed for widespread lesions or unsuccessful topical treatment. Other agents reported to be effective include albendazole, mebendazole, and ivermectin. An oral antihistamine is commonly used to relieve pruritus and other allergic symptoms. Antibiotics may be needed for any secondary bacterial infection. Liquid nitrogen cryotherapy for the progressive end of the larval burrow has been reported to be successful. The prognosis is excellent, as humans are accidental, dead-end hosts, with the larva dying and the lesions resolving within 4–8 weeks.