

Dermscopy: A Fundamental Tool in the Diagnosis of Atypical Cutaneous Larva Migrans

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ABSTRACT

Larva migrans is a cutaneous parasitosis caused mainly by the larvae of *Ancylostoma braziliense* and *Ancylostoma caninum*. [1-2] the diagnosis is eminently clinical, when finding linear, serpinginous, erythematous lesions, commonly on the feet [2,3] but occasionally the lesions can be bullous and thus make diagnosis difficult, as in this case. Then I present a male of 14 years of age who consulted by a bullous, exudative, and pruritic lesion in the right foot plant, with an approximate diameter of 1.5 cm, well defined, 2 weeks of evolution without apparent cause. I used dermoscopy of polarized light, which showed, reddish-brown structures divided into several segments, by whitish-yellowish lines that project into these structures as partitions, without being related to the ridges or grooves of the dermatoglyphis, own dermatoscopic findings of larva migrans. With the diagnosis, the patient received oral ivermectin at 200 mcg/kg of weight, once a week, for 2 weeks with total improve.

Key words: Dermoscopy, larva migrans, reddish-brown structures

I received a male of 14 years of age in my clinic, who consulted due to bullous, exudative, and pruritic lesion in the right foot plant, with an approximate diameter of 1.5 cm, well defined, 2 weeks of evolution [Figure 1]. Denies contact with chemical substances, friction or manipulation, or the realization of physical effort, or consumption of medications. Then, I used dermoscopy of polarized light, which showed, reddish-brown structures divided into several segments, by whitish-yellowish lines that project into these structures as partitions, without being related to the ridges or grooves of the dermatoglyphics. Figure 2 show own dermatoscopic findings of larva migrans. With the diagnosis, the patient received oral ivermectin at 200 mcg/kg of weight, once a week, for 2 weeks.

Larva migrans is a cutaneous parasitosis caused mainly by the larvae of *Ancylostoma braziliense* and *Ancylostoma caninum*.^[1-2] Humans affected by the disease should have direct contact, usually with their feet, on sandy soils contaminated with feces of dogs or cats 2, so when

reinterrogating the patient, he remembered walking near the edge of a river 3 weeks ago.

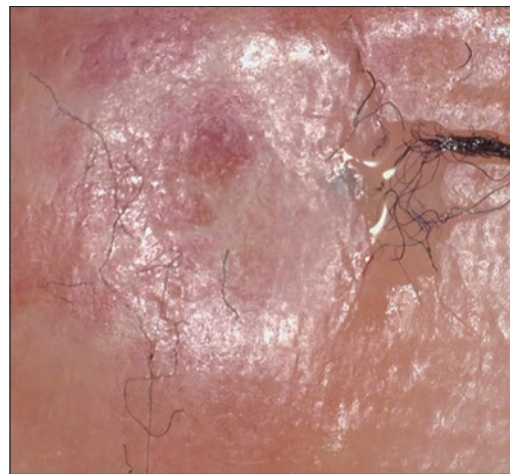


Figure 1: Huge increase of bullous lesion With inflammatory exudate, and textil fabric fibers of socks

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Figure 2: Many reddish-brown structures with white lines into them (Green arrows), These lines are in the opposite direction to the lines of the dermatoglyphs (yellow arrows)

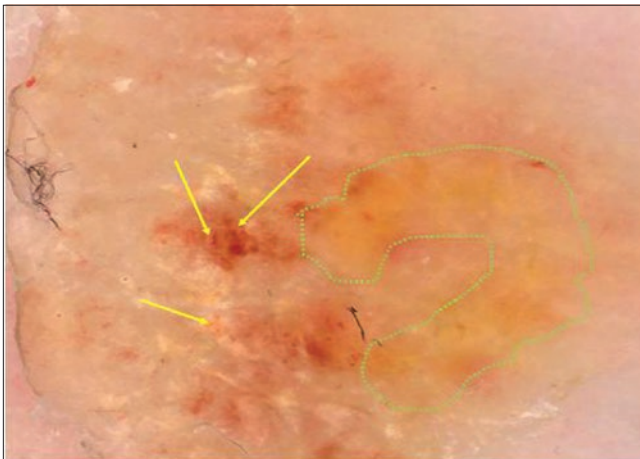


Figure 3: Dermoscopy after treatment, red hemorrhagic spots (yellow arrows) are observed, and brown translucent structures in an inverted "c" shape (Green line)

Elsner was the first to diagnose larva migrans with dermoscopy in 1997.^[1,5] And it was Zalaudek, in 2008, who in his study concluded that the dermoscopic patterns of larva migrans are translucent reddish-brown structures divided into segments that follow paths, which are related to the body of the larva, and reddish spots, which are related to paths empty^[1,3,5,6] in lesions that have been subjected to treatment, as was also seen in our patient [Figure 3].

The findings in this patient coincide with that reported in the literature, in relation to translucent brown, and reddish-brown structures divided into segments that follow paths and reddish points,^[1,3,5,6] differentiated from bullous traumatic that usually shows vascular lagoons without partitions or segments, in this patient, an additional point in favor of the dermoscopic diagnosis is the involution of the blister and itching when he take ivermectin treatment.

Therefore, I consider that, although the diagnosis of larva migrans is clinical, dermoscopy could help in cases in which there is diagnostic doubt.

DECLARATIONS

1. Has your work involved experimentation on animals? Do not
2. Do patients or human subjects intervene in their work? Do not
3. Does your work include a clinical trial? Do not
4. Are all the data shown in the figures and tables included in the manuscript included in the results section and conclusions?

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