

## Cutaneous larva migrans in Huánuco

### Larva migrans cutánea en Huánuco

Andrei Kochubei-Hurtado<sup>1,a,\*</sup>

A 53-year-old male patient came to the clinic because he presented intense itching in the anterior and posterior region of the thorax (Figures 2 and 3) of 2 weeks of evolution with red sinuous lines that have been increasing in size in length. He was treated as if he had herpes zoster but was unsuccessful. As a background, the patient reports that he recently traveled to the Tambopata River (Puerto Maldonado) to do recreational fishing, frequently bathing in the river. On examination, he presented multiple erythematous lesions of different sizes and a serpeginous trajectory (panoramic view in Figure 1). The laboratory test yielded results for hemoglobin 14.9, leukocytes 8000 and eosinophils 2%. Due to the erythematous and serpeginous lesions with intense itching and a history of having been in a warm and humid place, the diagnosis of cutaneous larva migrans was concluded. The patient received albendazole treatment of 400 mg per day for 7 days with cetirizine 10 mg per day; with a favorable response.

<sup>1</sup>Hospital II EsSalud; Docente Universidad Nacional Hermilio Valdizán - Huánuco, Perú

<sup>a</sup>Dermatologist

ORCID:

\*<https://orcid.org/0000-0001-6466-3311>

**Corresponding author:**  
Andrei Kochubei Hurtado

**Postal Address::** Hospital II EsSalud  
Huánuco, Perú

**Email:** pielyanexos@hotmail.com

**Reception date:** 05 de setiembre de 2020

**Approval date:** 28 de setiembre de 2020

**Quote as:** Kochubei-Hurtado A. Larva migrans cutánea en Huánuco. Rev. Peru. Investig. Salud. [Internet]; 4(4): 190-191. Available from: <http://revistas.unheval.edu.pe/index.php/repis/article/view/780>

2616-6097/©2020. Peruvian Journal of Health Research. This is an Open Access article under the CC-BY license (<https://creativecommons.org/licenses/by/4.0>). It allows copying and redistributing the material in any medium or format. You must give credit appropriately, provide a link to the license, and indicate if changes have been made.



Figure 1



Figure 2



Figure 3



Cutaneous larva migrans, also known as emigrant myiasis or myiasis linearis, is a disease produced by helminth larvae that penetrate the skin and generate furrows that can be longitudinal, sinuous or serpeginous<sup>1</sup>. The most frequent etiological agents are: *Ancylostoma braziliense* (intestinal parasite of felines and dogs) and *Ancylostoma caninum* (intestinal parasite of dogs). The adult worm lives and multiplies in the intestines of cats and dogs; where the eggs are eliminated in the faeces, on sandy and humid soil (beaches and gardens), they turn into filariform larvae (L3), with infective capacity after five to seven days<sup>2</sup>. The human is an accidental host; where the larvae actively penetrate the skin, the hair follicles, and rarely through the mucous membranes. The larvae begin their intraepidermal migration and are located between the germinal layer and the corneum of the skin; they migrate several centimeters a day (from two to five) and form a snake-like tunnel until reaching a distance of 10 to 20 centimeters<sup>1</sup>. The initial symptoms are a pruritic papule, which later transforms into an indurated, serpeginous path, with great erythema and slight local desquamation, caused by larval migration; with great itching. In general, the skin condition resolves in three to eight weeks because man is not its usual host<sup>3</sup>. The diagnosis is made with the clinical characteristics of topography and morphology, supported by the epidemiological antecedents. Eosinophilia, may or may not be present. It is difficult to perform an effective biopsy due to the erratic movement of the larvae<sup>3</sup>. Treatment is topical thiabendazole 10-15%, 3 applications every day for 5 days, but it is not practical. Other alternatives are: oral ivermectin 200 µg /

kg in a single dose and oral albendazole 400 mg every day for 3 - 7 days<sup>4</sup>.

---

### Contribution of the authors

Sole authorship.

---

### Interest conflict

We declare that we have no conflict of interest

---

### Funding Source

The present research was funded by the authors.

---

### Referencias

1. Pereda Rodriguez, Yoelys et al. Larva migrans cutánea. Un caso clínico. Rev Ciencias Médicas. 2016, vol.20, n.3, pp.109-112.
2. Alcain, M et al. Larva migrans cutánea. Rev. argent. dermatol. 2018, vol.99, n.4, pp.72-77.
3. Sánchez-Vega JT y cols. Larva migrans. Comunicación de un caso clínico y breve revisión de la literatura. Rev Cent Dermatol Pascua. May-Ago 2018, Vol. 27, Núm. 2, pp. 55-59.
4. Vargas Álvarez, T., & Acuña Bolaños, D. Síndrome de Larva Migrans Cutánea. Revista Ciencia Y Salud Integrando Conocimientos. 2019 vol.3, n. 4, pp. 2-5.