



ISSN Print: 2664-9772
ISSN Online: 2664-9780
Impact Factor: RJIF 5.42
IJDS 2024; 6(1): 16-18
www.dermatologyjournal.net
Received: 25-11-2023
Accepted: 30-12-2023

Author's details are given below
the reference section

A case of multifocal furunculoid cutaneous larva migrans caused by hookworms at the university clinic of dermatology: Venereology at the hubert koutoukou maga national University Hospital center in Cotonou

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DOI: <https://doi.org/10.33545/26649772.2024.v6.i1a.30>

Abstract

Multifocal furunculoid cutaneous larva migrans (LMCAF) is caused by the subcutaneous migration of nematode larvae, most often *Ankylostoma brasiliensis*. Transmission occurs through contact with soil contaminated by the feces of dogs or cats, particularly in tropical regions (intertropical America, sub-Saharan Africa, Southeast Asia, and the Caribbean). We report a case of multifocal ankylostomiasis larva migrans in a male subject. The patient, a 15-year-old student, presented with severely pruritic solid lesions that had been progressing continuously for a week. The condition began after wearing damp underwear. The patient also reported having pets at home (a dog) that had not been dewormed for over 12 months. serpiginous erythematous-papular tracts (N>10), fine continuous follicular pustules with excoriated surfaces in some areas, and well-defined boundaries were observed on the lateral-inner thighs, pelvic girdle, penile shaft, and scrotum (Figures 1 and 2). The rest of the dermatological examination was normal. The diagnosis of multifocal ankylostomiasis larva migrans was made based on the epidemiological context and clinical presentation. Larva migrans is a parasitic skin disease common in tropical climates. Multifocal localization in a single individual is rare. Management of the condition involves both preventive and curative measures.

Keywords: Larva migrans, ankylostomiasis, multifocal, Cotonou

Introduction

Multifocal furunculoid cutaneous larva migrans (LMCAF) is caused by the subcutaneous migration of nematode larvae, most often *Ankylostoma brasiliensis*. Transmission occurs through contact with soil contaminated by the feces of dogs or cats, particularly in tropical regions (intertropical America, sub-Saharan Africa, Southeast Asia, and the Caribbean). Clinically, this disease progresses in two phases: a silent incubation phase and an active phase characterized by subcutaneous larval migration, manifesting as a pruritic, serpiginous cord^[1-3]. We report a case of multifocal ankylostomiasis larva migrans in a male subject.

Observation

The patient, a 15-year-old student, presented with severely pruritic solid lesions that had been progressing continuously for a week. The condition began after wearing damp underwear. The patient also reported having pets at home (a dog) that had not been dewormed for over 12 months.

Upon examination, serpiginous erythematous-papular tracts (N>10), fine continuous follicular pustules with excoriated surfaces in some areas, and well-defined boundaries were observed on the lateral-inner thighs, pelvic girdle, penile shaft, and scrotum (Figures 1 and 2). The rest of the dermatological examination was normal.

The diagnosis of multifocal ankylostomiasis larva migrans was made based on the epidemiological context and clinical presentation. No biological or histological examinations

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were requested. The patient was treated with oral and topical Albendazole, as well as an antihistamine, with a favorable outcome.

Argument

Multifocal furunculoid cutaneous larva migrans is a clinical form of larva migrans that is rarely reported in the literature. Diagnosing this condition is often challenging and requires an experienced eye, typically based on the presence of serpiginous tracts emerging from hair follicles. The epidemiological context significantly aids the clinical diagnosis. This parasitic eruptive dermatitis is found in sub-Saharan Africa and affects various body segments uniquely or multiply, often exacerbated by skin depigmentation practices prevalent in this region. The underlying conditions that favor the development of this clinical form are crucial elements in the described cases^[3-5].

In our case, the multifocal involvement, particularly of the external genital organs, suggests that the patient's undergarment was contaminated, explaining the lesion distribution. The dampness of the garment was the predisposing factor for this form in our patient, highlighting the unique aspects of this observation.

Conclusion

Larva migrans is a parasitic skin disease common in tropical climates. Multifocal localization in a single individual is rare. Management of the condition involves both preventive and curative measures.



Serpiginous erythematous-papular tracts located on the inner thighs and the penile shaft (Figure 1), as well as on the posterior pelvic girdle (Figure 2).

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