

Visual Treats in Dermatology

Creeping eruptions on the back

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A 42-year-old male presented with itchy papular lesions all over the back which progressed over five days [Figure 1]. The patient gave a history of sleeping on the beach sand. With the history and clinical findings, a diagnosis of cutaneous larva migrans (CLM) was made. CLM is a pruritic migrating skin eruption commonly caused by animal hookworms, namely *Ancylostoma braziliense*, *Ancylostoma caninum*, and *Uncinaria stenocephala*. CLM usually presents as an itchy papular rash that is characteristically migratory. It moves slowly by a few millimeters to 2 cm per day, differentiating it from other migratory skin lesions. Localized lesions are treated with thiobendazole 15% cream. Multiple or generalized lesions may be treated with a single dose of ivermectin (200 mcg/kg) or albendazole 400 mg daily for 3–5 days. Complete resolution is seen in a few days. Secondary bacterial infections, eczematous changes, Loeffler's syndrome are some of the complications that may be noticed in untreated individuals.^[1]



Figure 1: (a) Multiple erythematous papules and serpiginous plaques (black arrows) over the lower back (b) and lateral side of the trunk.

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Declaration of patient consent

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