Dermatology Clinics & Research

DCR, 3(2): 168-171 www.scitcentral.com



ISSN: 2380-5609

Original Research: Open Access

Cutaneous Larva Migrans in a Newborn of 3 Weeks

Salissou Laouali^{1*}, Moussa Doulla M¹, Ouedraogo Maimouna M¹, Ousmane Sareye¹, Souleymane Brah², Djibo Ali ³ and Eric Adehossi E²

1 National Hospital of Niamey, Department of Dermatology, PO Box 238 Niamey Niger 2 National Hospital of Niamey, Department of Internal Medicine, PO Box 238 Niamey Niger 3 National Hospital of Niamey, Department of Infectious Diseases, PO Box 238 NiameyNiger

Received September 29, 2017; Accepted October 13, 2017; Published November 26, 2017

Abstract

Also referred to as creeping dermatitis, Cutaneous Larva Migrans (CML) is a parasitic disease caused by hookworm larvae in a dead end in moist soil. More common in children, it is rare in adults and exceptional in infants. We report a case in a 3-week-old Newborn that was sent to us by the pediatric department of the National Hospital of Niamey. Contamination was made by contact with clothes soiled by moist soil containing larvae. The presence of stray cats in the house was confirmed by the mother. Local treatment with albendazole in preparation with a cream resulted in complete healing after 2 weeks.

Keywords: Cutaneous Larva Migrans, Newborn, Albendazole, Niger

INTRODUCTION

Cutaneous Larva Migrans (CML), also known as "migrant helminthiasis", "dermatitis serpiginosus", "creeping eruption", or "sand worm" is a zoodermatosis caused by cutaneous penetration of helminth larvae, usually parasites of the small bintestines of cats and dogs [1]. It is first described in 1874 by Lee RJ [2], as a benign skin condition. More noticeable in tropical and subtropical countries, it is caused by the accidental migration of an animal nematode larva into the surface part of the skin. The most incriminated larvae are: Ancylostoma caninum, Ancylostoma brasiliense and Uncinaria stenocephala [3].

We report a case in a 3-week-old Newborn that was sent to us by the pediatric department of the National Hospital of Niamey. Local treatment with albendazole as a mixture in a cream, led to complete cure after 2 weeks.

OBSERVATION

This was a three-week-old newborn that we received in consultation with the Department of Dermatology at the National Hospital of Niamey, Niger (west Africa). The duration of the illness before the consultation was 7 days. Crying and agitation link to prurit was the reason for pediatric consultation. No treatment has been done locally and by the general route. Physical examination revealed numerous serpiginous erythematous lesions at the back

without excoriation, measuring several centimeters in length (Figure 1). At the interrogation, the mother of the baby revealed the presence of stray cats in the family environment. After the laundry, the newborn's clothes are spread out in the courtyard of the house on a rope where some of them fall to be in contact with the soil soiled with larvae. The general condition of the newborn was normal, without any other cutaneous affection. Base line hematological and biochemical investigations were within normal limits. According to epidemiological and clinic aspects, diagnosis of CLM was made. A local treatment combining albendazole mixed in a moisturizing cream was carried out. One week after initiation of treatment, inactivation of serpiginous erythematous furrows (Figure 2) was observed; two weeks later, the total disappearance of the furrows was seen (Figure 3). No local side effects were noted.

Corresponding author: Salissou Laouali, Training and Research Unit of Medical Sciences, Abdou Moumouni University of Niamey, PO Box 10896 Niamey, Niger, Tel: +227 93 92 97 73 / +227 90 97 63 17; Email: danmata@yahoo.com.

Citation: Laouali S, Doulla M M, Maimouna M O, Sareye O, Brah S, et al., (2017) Cutaneous Larva Migrans in a Newborn of 3 Weeks, 3(2): 168-171.

Copyright: ©2017 Laouali S, Doulla M M, Maimouna M O, Sareye O, Brah S, et al.. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Figure. 1 Serpiginous erythematous furrows before treatment



Figure 2. Inactivation of furrows one week after treatment



Figure 3. Total recovery after two weeks of treatment

DISCUSSION

Rare in temperate countries, CML is reported mainly in tropical countries [4,5]. The reported cases mainly concern the 1 to 5 year age group [6]; adults appear to be more affected during travel due to the presence of cats roaming on beaches and hotels [7-9]. The peculiarity of this observation is the appearance of Cutaneous Larva Migrans in a newborn of three weeks; Classically, the serpiginous erythematous lesion is objective [5,7,8,10] and was present in this newborn. The location of the lesions is mainly in the areas most in contact with the damp and soiled soil and concerns the pelvic limbs [7, 11,12]; in this small patient, contamination of the back skin, was indirect through the drying clothes that fell on a moist soil containing larvae. Many molecules used orally alone or in combination have proved to be effective, the main ones being: albendazole, thiabendazole, mebendazole, and / or ivermectin [13]. The local treatment performed with thiabendazol [14] on another occasion also responds well with albendazol, with which our patient was cured in 2 weeks without side effects such as allergic contact dermatitis, pruritus and irritation [15].

CONCLUSION

The cutaneous larva migrans is classically favored by moisture and domestic host animals mainly cat and dog.

Neonatal infestations are exceptional and would be favored by wearing clothes soiled by wet soil containing larvae. Local treatment based on albendazole in a cream is always effective.

STATEMENT OF INFORMED CONSENT

Written informed consent was obtained from the patient's father for publication of this article and any accompanying images.

CONFLICT OF INTEREST

None declared

REFERENCES

- Meotti CD, Plates G, Chagas Nogueira LL, da Silva RA, Paolini KS, Nunes EM et al. (2014) Cutaneous larva migrans on the scalpatypical presentation of a common disease. Ann Bras Dermatol 89: 332-333.
- 2. Lee RJ (1874) Case of creeping eruption. Trans Clin Soc London 8: 44 -45.

- 3. Romain B, Christian C, Tristan F (2016) Imported cutaneous larva migrans by a 31- year-old French woman after a travel in Gabon. BMJ Case Rep.
- 4. Tamminga N, Bierman Wouter FW, De Vries PJ (2009) Cutaneous Larva Migrans acquired in
- 5. Brittany France. Emerg infect Dis 15: 1856-1857.
- Camara A, Camara AD, Baldé H, Soumah MM, Keita M, Doumbouya A, et al. (2011) Larva migrans cutanée: aspect épidémiologique, clinique et thérapeutique. Ann Dermatol Vénéréol 138s: 296.
- Salissou L, Adehossi E, Brah S, Gado M, MaguiaT, Kanga JM (2012) Larva Migrans Cutanée: Aspect épidémiologique, Clinique, et thérapeutique à propos de 73 cas au Centre National Dermato-lèpre de Niamey (Niger). Ann Univers ABDOU M, Tome XIII-A, PP72-76.
- 8. Jelineck T, Maïwald H, Northdurft HD, Löscher T (1994) Cutaneous Larva Migrans in travelers:synopsis of Histories, symptoms and treatements of 98 patients. Clin Infect Dis 19: 1062-1066.
- Caumes E, Carrière J, Guermonprez, G Bricaire F. et al. (1995) Dermatosis Associated with Travel to Tropical Countries: A prospective study of the diagnosis and management of 269 patients presenting to a tropical disease Unit. Clin Infect Dis 20: 542-548.
- Bouchaud O, Houzé S, Schiemann R, Durand R, Ralaimazaba P. et al. (2000) Cutaneous larva migrans in travelers: A prospective study, with assessment of therapy with ivermectin. Clin Infect Dis 31: 493-498.
- 11. Davies HD, Sakuls P, Keystone JS (1993) Creeping Eruption. A review of clinical presentation and management of 60 cases presenting to a tropical disease Unit. Arch Dermatol 129: 588-91.
- 12. Prudhomme L, Loche F, Massip P, Marchou B (2002) Larva migrans cutanée : Echec de l'ivermectine en dose unique. Méd Mal Infect 32: 115-118.
- 13. Torres J, Orihuela A, Garcia D, Abdul-Hadi S (1989) Treatment of cutaneous larva migrans with Albendazole. Preliminary Report. Rev Inst Med 31: 56-58.
- 14. Joseph AM, Shafi KM, Das V, Soman S, Athira RS, Varghese T (2017) Cutaneous Larva Migrans-A Case Study. World J Pharm 6: 1303-1307.

- 15. Camparin C, Rodrigues MM, Santos BC (2016) Extensive Cutaneous Larva Migrans with Eczematous Reaction on atypical Localization. Ann J Trop Med Hyg 94: 1185-1186.
- 16. Chabasse D, Le Clec'h C, de Gentile L, Verret JL (1995) Le larbish. Cahier Santé 5 : 341-345.