# Cutaneous larva migrans in child

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A healthy 10 year-old girl from Florida (USA), on holiday in Spain since four days before, presented at the emergency department with a pruritic serpiginous lesion on dorsal surface of the left foot. She reported feeling a subtle change of location every day. Ten days before, in Miami, she had been stung at the base of the fourth metatarsal, for which she had not consulted a doctor. Physical examination showed a reddish raised subcutaneous lesion (Figure 1) without clinical or biological signs of general involvement. Cutaneous larva migrans was suspected and treated with albendazole 200 mg every 12 hours for 5 days. Cutaneous larva migrans is caused by the larvae of *Ancylostoma caninum* or *Ancylostoma braziliensis* parasites found in soil contaminated by dog and cat feces. It is frequent in South and Central America, Southeast Asia and Africa. Frequent skin contact with soil and wetlands is associated with increased likelihood of the disease. Diagnosis is clinical and laboratory tests sometimes show eosinophilia. A commonly used systemic treatment is albendazole 400 mg during three days. The larva can spread via the blood to the lungs, but given its limited impact, the infection does not require any additional treatment.

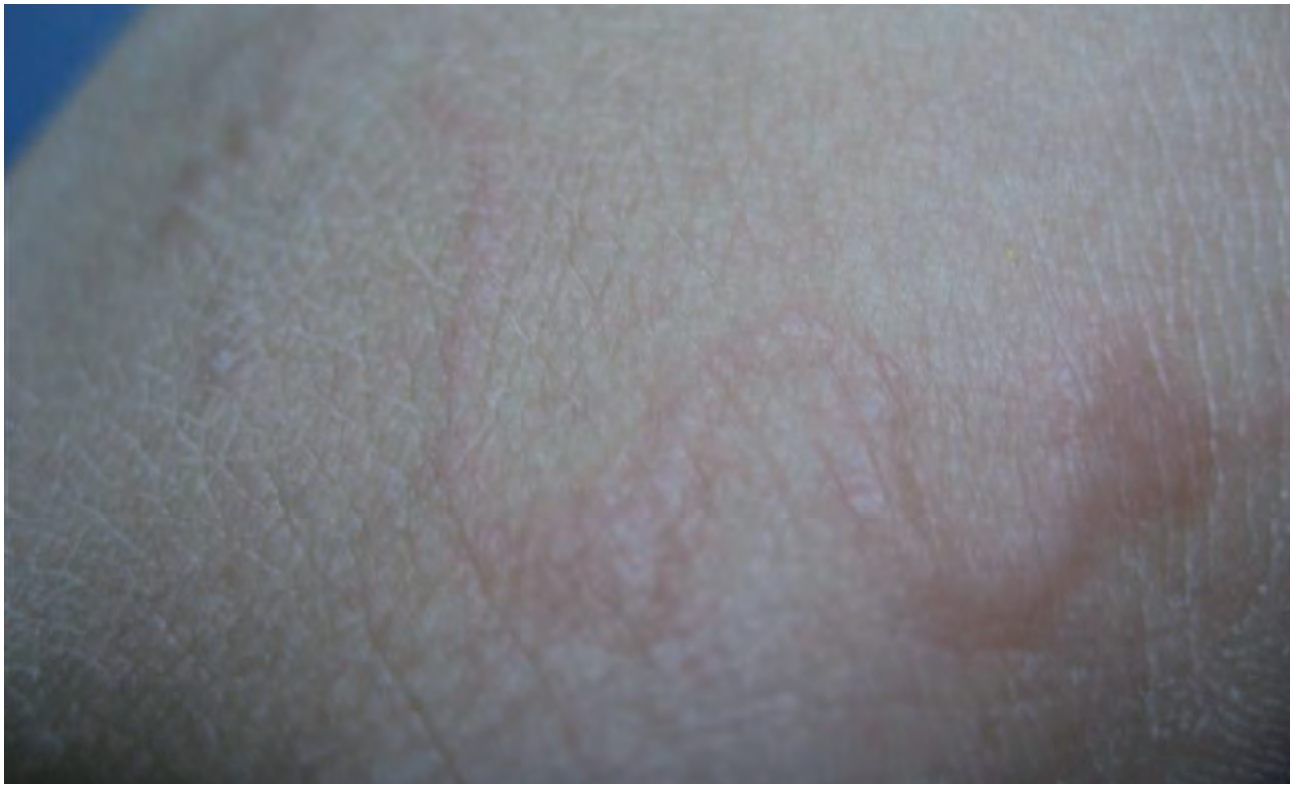

**Figure 1.** The dorsal surface of the patient's left foot showed a serpiginous lesion suggestive of infection by cutaneous larva migrans.

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