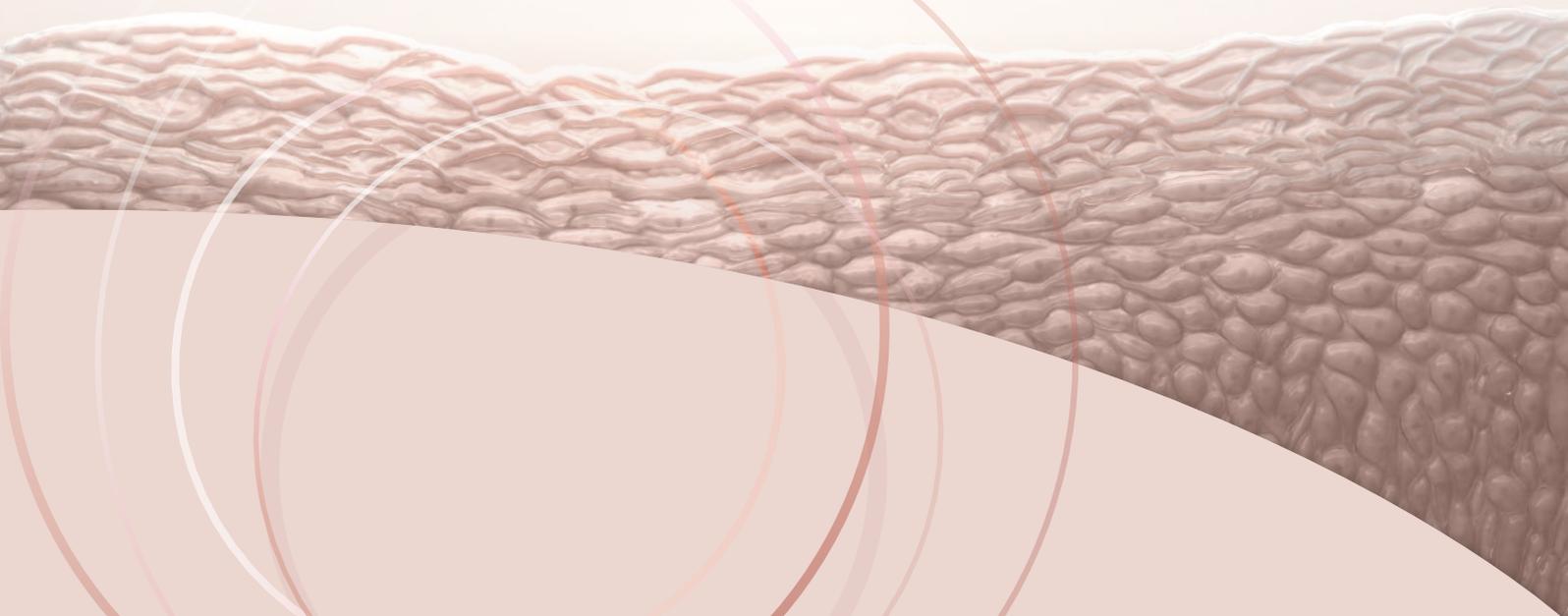


Information Leaflet for Patients

A detailed, close-up illustration of human skin, showing the intricate, wavy patterns of the epidermal ridges and valleys. The skin is rendered in warm, natural tones of pink, peach, and light brown. Overlaid on the skin are several concentric, semi-transparent circles in shades of red and orange, creating a sense of depth and focus.

CREeping ERUPTION (CUTANEOUS LARVA MIGRANS)

The aim of this leaflet

This leaflet is designed to help you understand more about creeping eruption (or cutaneous larva migrans), a common annoying problem affecting travellers returning from subtropical or tropical countries. It tells you what this condition is, what causes it, what can be done for treatment, and practical advice for avoiding this condition.

CREeping ERUPTION (CUTANEOUS LARVA MIGRANS)

What causes *cutaneous larva migrans*?

In most cases, *cutaneous larva migrans* is caused by a hookworm living in the gut of dogs or cats. Eggs of the worms are excreted in the animal's faeces (droppings) on to the soil. In warm and humid areas, eggs and larvae can survive for several months. Infestation of humans occurs by accidentally walking or sitting on infected ground. The larvae penetrate the outer layer of the skin (the *epidermis*) and live there for several days, or weeks to months. They finally die, because in humans they cannot reach the gut (where hookworms usually live and reproduce).

Where did I get it from?

If you have this infection, you most likely acquired it on a subtropical or tropical beach. In rare cases, infestations have occurred in the US, Europe, and New Zealand.

What are typical signs and symptoms of *cutaneous larva migrans*?

Typical signs and symptoms are extremely itchy, reddish, winding, snake-like tracks on the skin. They appear on the area of the skin that has been in contact with the contaminated sand, such as the feet or the buttocks. These tracks typically increase by a few centimetres per day, but finally stop after weeks to months. The itch is most intense at night and may interfere with sleep and even daily activities. Secondary infection is common and usually caused by scratching, yet systemic symptoms are very rare.

Are there tests to make the diagnosis?

The diagnosis is made from the very typical clinical picture and the history of possible contact with contaminated soil. Tests are neither necessary nor helpful.

How can *cutaneous larva migrans* be treated?

Cutaneous larva migrans is a self-limiting disease, because the larvae eventually die in the human *epidermis*. However, most patients want to be treated because of the extreme itch and common secondary infections. The treatment of choice is ivermectin by mouth, given in a single dose. Ivermectin should not be taken by small children (<5 years of age) or pregnant women. The best alternative is oral albendazole. Both drugs kill the hookworms in all stages of growth and their life cycle. The itch and other symptoms stop quickly. A cream containing thiabendazole can also be used, which has to be applied 3 times a day for one week to be effective.

What is practical advice for avoiding this condition?

Avoid direct contact of your skin with wet sand in areas where dogs and cats are strolling around. Wear shoes and sit on a mat or chair. Towels may not be sufficient, since larvae can stick to them and may be transferred to the skin. ■

Fig. 1 Picture of *cutaneous larva migrans* on the foot



Fig. 2. Picture of cutaneous larva migrans on the buttock

