



MINERVA

## Rash in the returning traveller

Stephen James Mounsey *dermatology clinical fellow*<sup>1</sup>, Francisco Vega-Lopez *consultant in tropical dermatology*<sup>2</sup>

<sup>1</sup>Dermatology, University College Hospitals, London, UK; <sup>2</sup>Hospital for Tropical Diseases, University College Hospitals, London, UK

A 26 year old woman was referred to the dermatology clinic after an itchy rash on her foot (fig 1) had not responded to topical corticosteroids or antifungals.



She reported that the rash had developed six days after returning from Barbados, and had started as a small blister. On examination, there was an erythematous, serpiginous rash on the dorsum of her right foot. The diagnosis was made clinically as likely cutaneous larva migrans. The patient was treated with a single dose of ivermectin, an anthelmintic. On clinical review 10 days later, the rash had resolved.

Cutaneous larva migrans is the result of a zoonotic infection from nematode parasites (such as *Ancylostoma braziliense*) of the hookworm family, which do not use humans as the definitive host. The parasite lacks collagenase to penetrate deeper tissues in humans, resulting in the “creeping” pattern. This effect is not seen with the human hookworm.

Patient consent obtained.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>