

CREEPING DISEASE (LARVA MIGRANS CUTANEA)

D. Kopera and S. Hödl

ABSTRACT

Larva migrans as well as other tropical diseases of the skin can be quite painful if not treated properly. Unfortunately, the medication that is commonly used in the countries where these diseases originate is not always available in central Europe (e.g. in Austria). We report on successful systemic treatment with thiabendazole in a 43-year-old female suffering from widespread creeping disease.

KEY WORDS

larva migrans cutanea, creeping disease, thiabendazole

INTRODUCTION

The growing frequency of trips to tropical countries increasingly confronts us with quite unusual skin diseases, whose diagnosis and treatment are beyond our routine (5)

Cutaneous larva migrans, the so called "creeping disease" is caused by hookworms such as *ankylostoma brasiliense*. Walking or sunbathing in contaminated sand or mud enables the larva of the worm to penetrate the stratum corneum and

to dig tunnels into the epidermis and the upper corium. The digging and creeping larva causes most uncomfortable sensations and pruritus. Secondary local infections and infiltrations of the lung may complicate the course of the disease. The characteristic clinical appearance in combination with a history of previous journeys to exotic places make a quick diagnosis quite easy. The most common localization is the sole of the foot (Fig. 1).

Table 1
Management of Creeping Disease with Thiabendazole according to leading Textbooks of Dermatology

	Braun-Falco	Fitzpatrick	Rook
dosage	50mg/kg per day	50mg/kg per day	50mg/kg per week
duration	2-3 days	2-4 days	to complete healing

CASE REPORT

After a three week stay in Thailand, a 43-year old female patient presented with a pruritic rash. The erythematous gyrate lesions were distributed over the abdomen and both breasts. She had already been treated with carbon dioxide snow by her general practitioner (Fig. 2). The patient was hospitalized and received thiabendazole 50 mg per kilogram per day over six days. The lesions healed promptly. To avoid secondary infections, a mild steroid ointment was applied locally.

DISCUSSION

Creeping disease (*larva migrans cutanea*) is self-limited because the human body is not the host of first choice for the larvae. They prefer cats or dogs. This malady usually heals without any treatment, but it may take months before the

lesions disappear (4). To terminate the disease in a shorter period of time, local application of trichloroacetic acid, or freezing the lesions with carbon dioxide-snow or liquid nitrogen are the most common approaches. However, these procedures are of no help in cases with a widespread distribution of lesions. Also, furthermore local application of anthelmintic externa does not affect the larvae. In severe cases they need to be battled systemically.

The common systemic therapy for creeping disease in tropical countries is thiabendazole orally, taken over a certain number of days (recommendations differ from two days up to the number of days to total regression) (1, 2, 3) (table 1).

In Central European non-maritime nations like Austria, this type of anthelmintic medication is commonly used for veterinarian purposes. It is not registered for the treatment of human beings. Nevertheless, authorized pharmacists are permitted to import thiabendazole for the management of exceptional cases of creeping disease.

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Fig. 1 Lateral aspect of the left foot. Typical clinical feature of creeping disease.



Fig. 2