

Lesão Pruriginosa Serpiginosa Durante a Gravidez

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PALAVRAS-CHAVE – Complicações Parasitárias na Gravidez; Larva Migrans.

Dermatology Quiz

Pruritic Serpiginous Lesions in a Pregnant Woman

KEYWORDS – Larva Migrans; Pregnancy Complications, Parasitic.

CASE REPORT

A 32-year-old woman presented with a severe pruritic, serpiginous eruption, with 2 weeks of evolution. She was pregnant, with an uneventful 16-weeks gestation, and had travelled to Thailand 2 months earlier with her husband. Physical examination revealed erythematous-to-brownish, serpiginous and linear skin lesions, localized on the lower quadrant of

the right breast and upper right back (Fig. 1a,b). The patient reported linear forward progression of the lesions. Laboratory findings showed peripheral eosinophilia (1.000 cells/microL). Her husband had the same skin lesions on the left thigh (Fig. 2). A skin biopsy was performed and histological examination revealed slight acanthosis and epidermal spongiosis with dermal perivascular lymphocytic and eosinophilic infiltrations, supporting the diagnosis of a parasitic infection (Fig. 3).

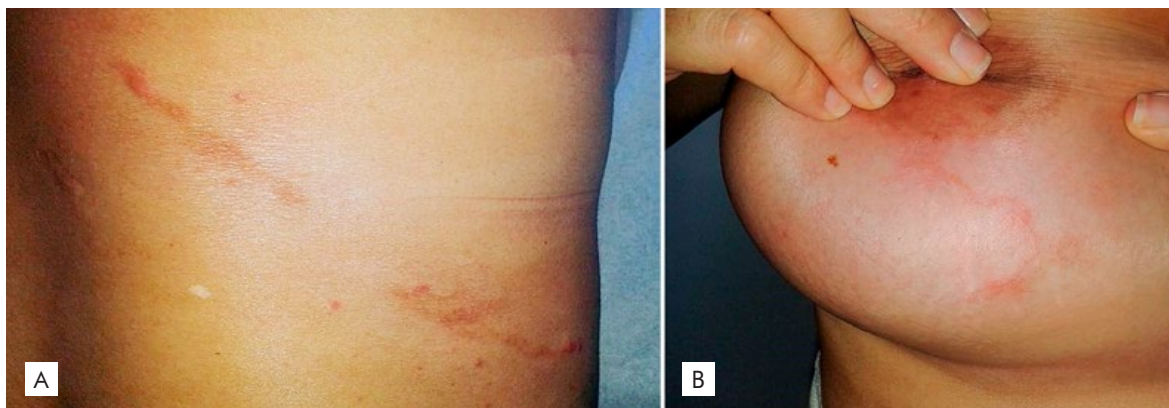


Figure 1 - Erythematous-to-brownish, serpiginous and linear skin lesions, localized on the upper right back and on the lower quadrant of the right breast of the patient.

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Qual o Seu Diagnóstico?



Figure 2 - Erythematous-to-brownish, serpiginous skin lesions, localized on the left thigh of the husband.

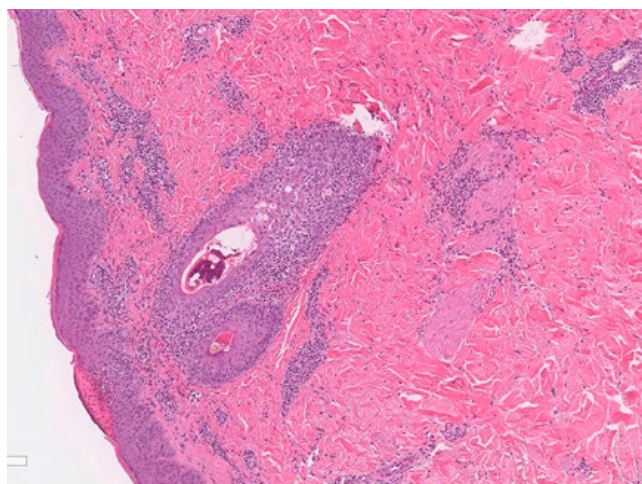


Figura 3 - Histological examination supporting the diagnosis of a parasitic infection (H&E, 200xX).

DIAGNOSIS

CUTANEOUS LARVA MIGRANS

Clinical and histological findings combined with the previous travel history were compatible with the diagnosis of cutaneous larva migrans (CLM). The pregnant woman was treated with liquid nitrogen cryotherapy, resulting in resolution of the lesions and symptoms. Her husband was treated with 400 mg/day of albendazole for 3 consecutive days, also resulting in total recovery.

CLM, also known as “creeping eruption”, is a pruritic dermatitis caused by accidental, percutaneous invasion of larval hookworms. Dog or cat hookworm is the most common source, as human infection occurs after skin contact with larvae, especially during walking or lying on contaminated beaches. This dermatosis is usually confined to feet, thighs and buttocks, but any part of the body, which has direct contact with contaminated soil, can be involved.¹

This parasitic infestation is one of the most frequent skin diseases among travelers returning from tropical countries. As travelling became accessible worldwide, presentation of tropical dermatosis in industrialized countries has increased, which emphasizes the importance of health education focused on tourists planning a trip to endemic areas for CLM.

Anthelmintic therapy with oral ivermectin or albendazole is usually curative.² In our case, due to pregnancy, standard treatment options for CLM were contraindicated for the female patient, but lesion responded to cryotherapy. We highlight the efficacy of different therapies.

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