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Figure 1

A 66-year-old gentleman, with no past medical illness complained of itchiness over the shin. It was associated with skin rash for past 2 weeks. Initially it was a small-sized, macular lesion however extending and migrating in thread-like pattern. His hobby is gardening.

What is the diagnosis?

Answer: refer to page 179

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(Refer to page 164)

Answer: Cutaneous Larvae Migrants (CLM)

The diagnosis is cutaneous larvae migrans (CLM). The thread-like lesion below the skin is the pathognomonic of the disease.

The disease is due to nematode parasite infestation, particularly the hookworm. It usually penetrates the human body through a breach of epidermis or even on an intact bare foot. It migrates from the port of entry subcutaneously, as the name implies. The itchiness symptom also 'migrates'. It is commonly thought or suggested that the intense itch was due to the migration of the parasite under the skin but in truth, the pathophysiology of the symptom is due to the host immune response to the larvae and their byproducts.¹

CLM is common in tropical regions like South East Asian countries including Malaysia, and more prevalent in low- and middle-income countries.² Sporadic cases do occurred in Western population.³ Besides the geographical distribution, there is no sex, race or age predilection except it tends to occur more commonly in children, understanding the nature of activity in their age group.

CLM is a self-limiting disease and the prognosis is excellent. The larvae do not survive more than 8 weeks. Treatment usually is for symptomatic relief and prevention of secondary bacterial infection.³ Topical treatments require localization of the lesion and may need repeated application. Whenever applicable, oral albendazole or ivermectin are curative.⁴

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