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Clinical image

Tropical pruritus

Pierre Loulergue[a,*], *Olivier Mir*[b]

[a] *CIC de Vaccinologie Cochin-Pasteur, INSERM BT505, Cochin Teaching Hospital, AP-HP, Université Paris Descartes, Paris, France*
[b] *Department of Cancer Medicine, Gustave Roussy Cancer Institute, Villejuif, France*

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A 52-year-old French woman without medical history had developed right foot pruritus three days after a prolonged barefoot walk on a beach in Rio de Janeiro, Brazil. She consulted with a local physician, who made a clinical diagnosis of cutaneous larva migrans. She was subsequently started on albendazole 400 mg daily for five days.

After an initial improvement, symptoms recurred and worsened on day 4 of treatment, without iterative exposure to contaminated soil.

She subsequently went back to France and presented with an itchy, erythematous serpiginous eruption on the sole of her right foot (Fig. 1), consistent with the diagnosis of cutaneous larva migrans.

Primary resistance to albendazole was suspected, and she was therefore given ivermectin 200 μg/kg as a single-dose. Ten days later, a marked regression of cutaneous signs was seen, and the patient reported a full regression of pruritus. No recurrence was seen with a follow-up of three months.

Albendazole and ivermectin are two drugs of choice in the treatment of cutaneous larva migrans. Although a single dose of albendazole is less effective than a single dose of ivermectin,[1] a 5–7 days of oral albendazole (400 mg daily) is considered to be an effective alternative in countries without ivermectin.[2] In our case, ivermectin was a better option for the treatment of the infection.

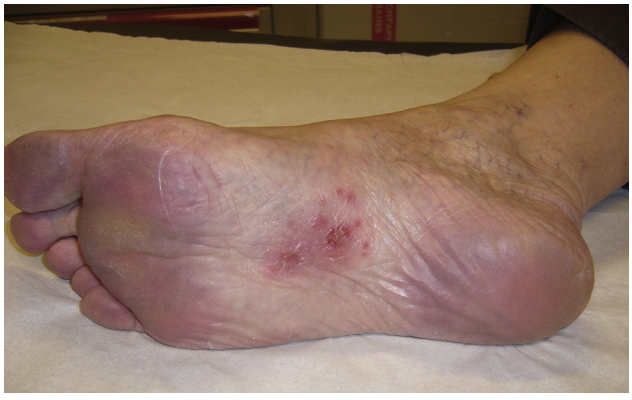

Fig. 1

* *Corresponding author.*
E-mail addresses: pierre.loulergue@cch.aphp.fr (P. Loulergue), olivier.mir@cch.aphp.fr (O. Mir).
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Conflicts of interest

The authors declare no conflicts of interest.

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