Vesiculobullous cutaneous larva migrans in a 29-year-old man, diagnosed using teledermatology

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A 29-year-old man living in Singapore developed itching vesiculobullous lesions with serpiginous erythematous tracks on his toes (Figure 1) and soles, one week after a trip to Tioman Island, Malaysia. The lesions were unresponsive to topical corticosteroids prescribed by an emergency physician and antifungal creams prescribed by the patient's family doctor. The patient consulted a teledermatology service based in Paris, France, sending digital images via a secure site to a dermatologist (C.B.), who diagnosed vesiculobullous cutaneous larva migrans. The cutaneous lesions resolved within a week of completing a three-day course of oral albendazole, 400 mg daily, prescribed by a dermatologist in Singapore.

Cutaneous larva migrans, or "creeping eruption," is a common dermatological condition among travellers returning from beach vacations in tropical countries, and is caused by different species of hookworms.[1,2] It is a clinical diagnosis, with typical lesions consisting of pruritic, erythematous, raised, linear or serpiginous tracks that, varying with the species, move at the rate of 1 mm–2 cm a day, over the feet, buttocks and anogenital regions.[1] Vesiculobullous forms with single or multiple vesicles or bullae are round or oval in shape, and typical tracks are observed in 10% of patients.[1] The differential diagnosis includes bacterial infection, tinea pedis and contact dermatitis.[1] Treatment options include albendazole (available in Canada through Health Canada's Special Access Programme) taken orally, mebendazole, ivermectin and topical thiabendazole.[1,3] Our case shows how telemedicine can overcome barriers to accessing specialized medical knowledge, not only for patients but for health care providers.[4]

Figure 1: Erythematous, vesiculobullous serpigenous tracks, consistent with cutaneous larva migrans, on the toes of a 29-year-old man.

Competing interests: Claude Bachmeyer used the telemedicine program described in this article, but has no financial interests in it. None declared by Alicia Moreno-Sabater.

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The authors have obtained patient consent.

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