

MEBENDAZOLE IN THE TREATMENT OF LARVA MIGRANS

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Summary

Two cases of larva migrans which were treated with mebendazole are presented. The drug was found very effective in this condition and was well tolerated.

KEY WORDS: Larva Migrans, Mebendazole, Thiabendazole, Ethyl chloride.

Larva migrans is a characteristic cutaneous eruption caused by the larvae of various nematode parasites for which humans are abnormal hosts. Various therapeutic modalities like freezing with ethyl chloride spray, topical thiabendazole and oral thiabendazole¹ have been used for this.

Mebendazole is a new relatively broad spectrum anthelmintic drug. It was tried in two cases of larva migrans. Pruritus disappeared within 24 hours after starting therapy and the lesions cleared completely on the third day of initiation of treatment. Excellent result observed in both the cases prompted us to present this report.

Case Reports

Case No. 1

A 22 years old male patient was referred to the skin clinic with the diagnosis of acute urticaria following drugs. This patient was getting metronidazole tablets for amoebiasis. During the therapy, he developed an urticarial rash over the trunk which was diagnosed as drug rash. Metronidazole was stopped and patient was put on antihistaminic tablets. When patient did not respond to this therapy he was referred to the dermatologist. On questioning patient stated that two weeks earlier he was lying on a grassy area in a nearby jungle while studying.

On examination patient was found to have multiple, thin, linear and serpentine raised tunnel like lesions on the back and side of the trunk (Fig. 1). An active urticarial edge could be made out at one end of the erythematous lines. At places these tunnel like lesions had formed loops intersecting each other. The patient was put on tablet cyproheptadine. The active end was marked with ink and re-examined the next day. The active edge

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Received for publication on 2-5-1983.

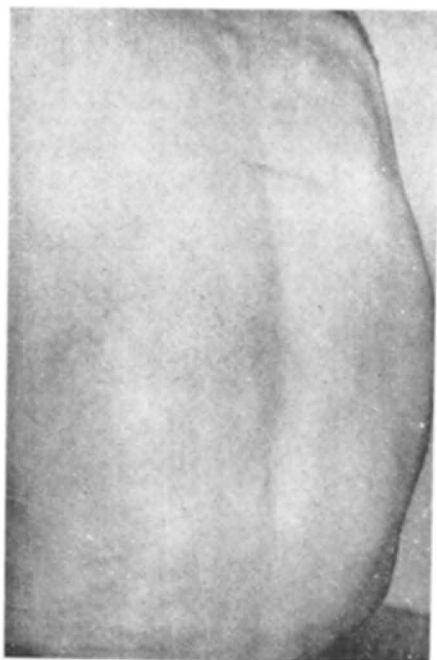


Fig. 1 Linear, raised-urticarial lesions on back. Patient No. 1

had progressed by half to one cm in most of the lesions. Patient had no relief of pruritus.

Patient was put on tablet mebendazole 100 mgs twice daily for three days. Pruritus subsided within 24 hrs and the lesions cleared completely in two days.

Case No. 2

A female patient aged 25 years reported with itchy eruptions on the side of chest and abdomen. On examination, linear, thin, raised erythematous lesions were seen at these sites. An active urticarial edge could be made out at each of these areas. Patient was observed for one day while marking the active edge with ink. The next day the active edge had advanced further. Patient was put on oral mebendazole 12 hourly for three days.

Patient was relieved of pruritus by the next day and the lesions disappeared on the third day.

Discussion

Though the larva migrans dies out in due course, while active, it causes severe discomfort to the patient for some weeks. Available measures for treatment of this infection are not fully satisfactory. Freezing with ethyl chloride spray is laborious. Oral thiabendazole in the dosage recommended is poorly tolerated² and lesions take long time to disappear. Thiabendazole for topical use in required strength is again not easy to procure.

Mebendazole which belongs to the same group as thiabendazole is effective against a wide range of intestinal parasites. It is virtually free from side effects. Some success has been achieved with oral administration of this drug in scabies³. This led us to believe that the drug is absorbed in sufficient amounts to produce parasitocidal concentrations in skin. A trial of this drug in larva migrans proved to be very effective.

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