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## CREEPING ERUPTION

### To the Editor

Recently we have come across a case of creeping eruption in a 6-month-old infant on the back of trunk. A 6-month-old female child was brought to the Dermatology OPD with a tortuous, linear narrow lesion on the back of trunk of 3-4 weeks duration. It started as a red papule from which a linear cord-like lesion progressed. Mother of the child used to lay her child on ground during working in field. Examination revealed a linear and curved erythematous track of 1 to 1.5 cm. As the tunnel advanced on one end, the opposite end became scaly, crusted and finally cleared. There was no other skin lesion. General physical and systemic examination did not reveal any abnormality.

Routine laboratory investigations on blood, urine and stool were normal. Two tablets of 500 mg thiabendazole, triturated in 10 gm petrolatum was applied twice a day over the lesion. The track cleared within two weeks.

Cutaneous larva migrans (creeping eruption) is caused by the larva of nematode parasites for which man is abnormal final host. *Ancylostoma braziliense* is the most frequent cause, though the larva of other hook worms may also produce it. The common area of skin involved

are the feet, buttocks and hands, though rarely it has been reported from other sites also.<sup>1,2</sup> In present case lesion was on back which is thought to be uncommon site in this part of the country. Demonstration of a persistent, progressive, erythematous, serpiginous eruption on common site of skin is usually sufficient for the diagnosis. Occurrence of larva migrans in the infant is quite rare though few cases have been reported.<sup>2,3</sup> A 68-day-old child has been reported with larva migrans of 65 days during a precipitated labour.<sup>3</sup> In our case age and site are unusual which prompted us to report this case.

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