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Follicular lesions on the knee in a boy

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Abstract
Follicular cutaneous larva migrans is an uncommon variant of cutaneous larva migrans. The clinical manifestations are usually serpiginous papules and tracks, located on the buttocks and thighs. It was hypothesized that the immune response plays an important role in the pathogenesis of skin eruptions. We describe a case of follicular cutaneous larva migrans that was underdiagnosed for 1 month.

Keywords: cutaneous larva migrans

Introduction
Follicular cutaneous larva migrans is a rare form of cutaneous larva migrans, which is caused by the invasion of various nematodes [1]. Herein, we report a case of follicular cutaneous larva migrans in a 4-year-old boy.

Case report
A 4-year-old boy presented to our dermatology department with severe itchy papules and nodules on the right knee. He had been diagnosed with atopic dermatitis, but the lesions were not resolved with topical corticosteroids prior to presentation for one month. He denied taking any raw food or traveling elsewhere. Dermatological examination showed multiple follicular erythematous papules and nodules on the right knee (Figure 1). The patient was otherwise healthy, and no tracks or lymphadenopathy were visible. Enzyme-linked Immunosorbent assay (ELISA) test was positive for *Gnathostoma spinigerum.* Other tests including eosinophilia were in normal range. The histological biopsy was not performed due to his parents' disagreement.
Based on the clinical manifestation and ELISA test, the diagnosis of follicular cutaneous larva migrans was made. He was commenced on a single dose of oral ivermectin (200 µg/kg). 20 days later, the pruritic papules resolved (Figure 2).

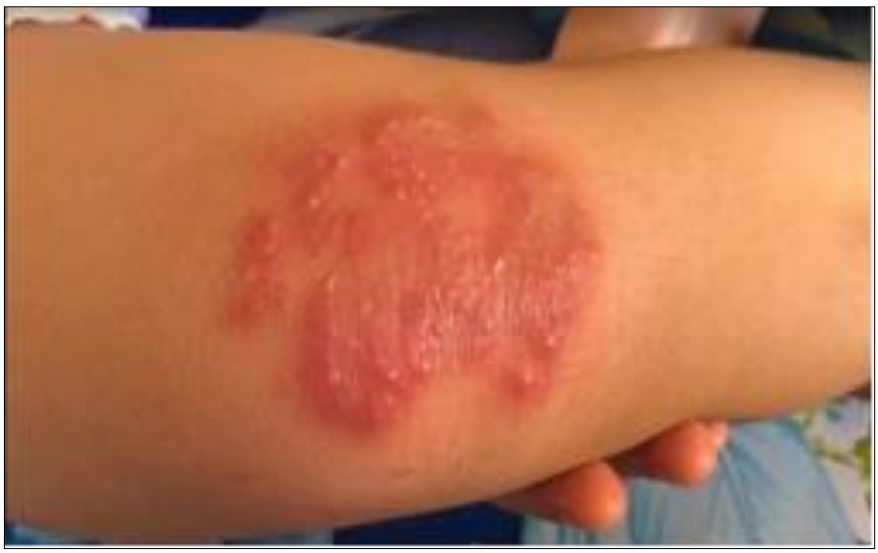

Fig 1: Before treatment. Multiple follicular erythematous papules and nodules on the right knee.

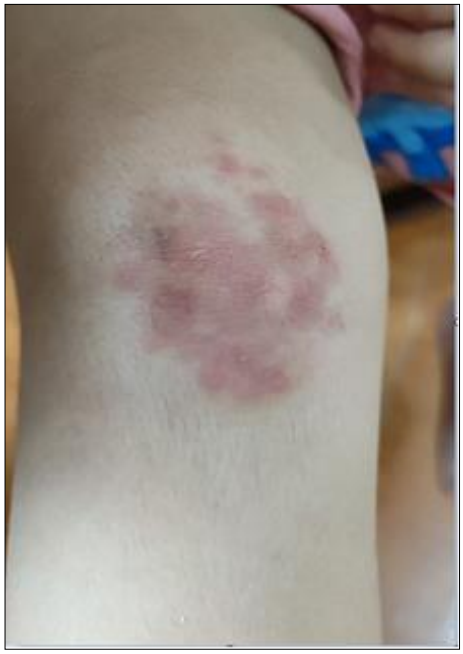

Fig 2: After treatment. The lesions improved.

Discussion

Cutaneous larva migrans is commonly characterized by severely pruritic, erythematous, tunnel-like lesions, usually located on the distal lower extremities, which is caused by *Ancylostoma*, *Uncinaria*, *Bubostomum*, *Anatrichostoma*, *Strongyloides*, *Gnathostoma*, *Dirofilaria*, *Spirurina*, *Spirometra*, and *Paragonimus*. Folliculitis and nodular migratory panniculitis are rare forms of cutaneous larva migrans [2, 3].

The pathogenesis of parasitic folliculitis is thought to be due to the immune reaction to the invasion of nematode larva in the follicular canal [1] The differential diagnosis includes bacterial folliculitis, gnathostomiasis (*Gnathostoma spinigerum)*, larva currens (*Strongyloides stercoralis)*, and scabies [3].

The treatment of cutaneous larva mirgans based on the administration of oral thiabendazole, oral albendazole, or oral ivermectin [1, 4, 5].

Conclusion

Clinicians should raise awareness to include the diagnosis of follicular cutaneous larva migrans in a patient with follicular lesions.

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