

Net Images

# Cutaneous larva migrans: Dermoscopy of the larval tract

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A 48-year-old mason presented with a sudden onset of raised, itchy lesions over the left hand for 5 days. On examination, a single elevated skin-colored tortuous tract with a length of 10–15 cm

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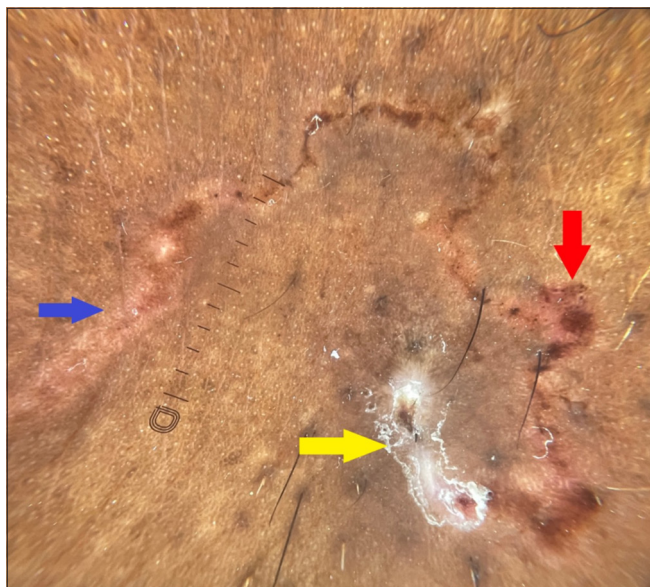
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**Figure 1:** Single elevated skin-colored tortuous tract with a length of 10–15 cm and a width of 1.5–2 mm on the dorsum of the left hand.

S. No.	Differential diagnosis	Key dermoscopic features
1.	Cutaneous larva migrans	Translucent, brownish, segmented structures at the advancing edge; long, reddish, winding tracks.
2.	Scabies	“Jet-plane” or “Delta-wing” sign (dark triangular mite) at the end of a short, whitish, zig-zag burrow.
3.	Larva currens	Hazy, poorly defined, edematous serpiginous wheals with intense erythema; lacks the defined larval body.
4.	Linear porokeratosis	Double-edged, thin, white-yellow peripheral ridge (cornoid lamella).



**Figure 2:** Dermoscopy of cutaneous larva migrans. The yellow arrow indicates the initial inoculation site showing characteristic white-yellowish desquamation and peripheral scaling. The red arrow highlights the trailing empty burrow, appearing as a reddish brown, serpiginous, inflammatory track with scattered red dots. The blue arrow points to the advancing edge containing translucent, brownish, segmented structures corresponding to the larval body (DermLite DL5 dermatoscope, polarized, 10x).

and a width of 1.5–2 mm was seen over the dorsum of the left hand. The proximal end of this tract showed a scaly papule [Figure 1]. Dermoscopy of cutaneous larva migrans (CLMs) reveals a yellowish-white scaly entry point followed by a

reddish-brown, serpiginous inflammatory track containing scattered red-brown dots. At the advancing edge, translucent yellowish-brown segmented structures represent the active larval body, which may appear more opaque in darker skin phototypes [Figure 2]. Table 1 shows differential diagnosis and their dermoscopy. The rest of the examination was unremarkable. Differential diagnosis included CLM and larva currens.

On clinical and dermoscopic evaluation, a provisional diagnosis of CLM was made. The patient was treated with tablet albendazole 400 mg once daily for 3 days.

**Ethical approval:** Institutional Review Board approval is not required.

**Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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