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# Recurrent Linear Dermatitis in a 9-Year-Old Boy

A 9-year-old boy, a native of Haiti, was referred to our department for a skin rash that recurred since age 6 years. Each outbreak had a stereotypical presentation and lasted about 7 days but recurred every 3 months. Findings of the physical examination revealed linear papular skin lesions, slightly pruriginous, on the trunk (Figure), that migrated a few centimeters per hour. General examination was unremarkable. Biological investigations showed hypereosinophilia  $1.2 \times 10^9/L$ . Stool examination, performed 4 times, was negative; the fifth examination revealed *Strongyloides stercoralis* larvae. The child received ivermectin, 200 µg/kg, on days 1, 2, 14, and 15. The disease was in complete remission at 6 months.

Larva currens is “racing larva” and is thought to be an allergic reaction to migrating filariform larvae. Skin features might be chronic urticaria or recurrent linear dermatitis. Stool examinations must be repeated when larva currens is suspected.<sup>1</sup> Because there is ongoing autoinfection (the autoinfective larvae in the patient’s stool can penetrate the perianal or buttock skin) with *Strongyloides*, manifestations can occur years after initial infection. The usual treatment is ivermectin, 200 µg/kg, but it may be necessary to repeat the treatment with high parasite loads.<sup>2</sup> ■

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**Figure.** Linear and migratory papules on the left flank.

## References

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2. Henriquez-Camacho C, Gotuzzo E, Echevarria J, White AC Jr, Terashima A, Samalvides F, et al. Ivermectin versus albendazole or thiabendazole for *Strongyloides stercoralis* infection. *Cochrane Database Syst Rev* 2016;(1):CD007745.