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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 dermatosis. Stool examinations must be repeated when larva currens is suspected.¹ 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.² ■

Antoine Finon, MD

Department of Dermatology
Unit of Pediatric Dermatology

Guillaume Desoubreaux, MD

Department of Parasitology
Division of Mycology and Tropical Medicine
CHRU Tours, France

Annabel Maruani, MD, PhD

Department of Dermatology
Unit of Pediatric Dermatology
University François Rabelais Tours
CHRU Tours, France



Figure. Linear and migratory papules on the left flank.

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