A previously healthy 8-year-old boy from a rural area in Northern Portugal, with no history of travel, was admitted in the emergency department during the summer due to a three week progression of an erythematous and pruriginous rash on the chest, left upper limb, and right lower limb, without accompanying symptoms. He had contact with dogs. He had been prescribed topic fusidic acid without improvement. On examination, an erythematous, papular, and serpiginous cutaneous eruption with a circular end on the left upper limb (12 cm long) (Fig. 1), and maculopapular eruptions on the chest and right lower limb suggesting insect bites were observed. The remaining examination was unremarkable. Considering the diagnosis of cutaneous larva migrans, oral albendazole was prescribed (10 mg/kg/day, three days). He was re-evaluated a week later and showed complete regression of the lesion. Cutaneous larva migrans is an infection caused by the nematode parasites of dogs and cats (mainly Ancylostoma braziliense) frequent in tropical and subtropical areas yet rare in temperate climates.1-5 Parasite eggs are transferred from animal feces into the soil, wherein with the ideal conditions they become larvae.1-3 Humans are accidental hosts; the larvae penetrate the skin and migrate through the epidermis (progressing 2 mm to 3 cm per day), originating an inflammatory response along their trajectory.3,4 The result is a creeping eruption with a typical acral location.1 The diagnosis is mostly clinical, without the need of further investigation.2 This dermatosis is typically self-limited (lasting a few months), but treatment with anthelminthic agents, such as albendazole, is recommended to reduce symptoms and complications.3

**Keywords:** Child; Larva Migrans/diagnosis; Larva Migrans/drug therapy; Portugal

**WHAT THIS REPORT ADDS**
- Cutaneous larva migrans is an endemic parasitosis in tropical and subtropical countries and rare in non-endemic areas, such as Portugal. Global warming and the subsequent temperature rise could explain the upsurge of these species in temperate climates.
- This diagnosis should be considered when faced with a creeping eruption even in the absence of history of travel.

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The authors declare that they have followed the protocols of their work centre on the publication of patient data.
Cutaneous Larva Migrans

References