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Figure 1. Close up of the right chest wall.



Figure 2. Back.



Figure 3. Close up of the back, near right shoulder. Used with permission of David A. Guss, MD, University of California, San Diego, Department of Emergency Medicine, San Diego, CA.

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A 16-year-old boy presented with 3 days of fever and painful rash. There was a history of dermatitis without a formal diagnosis, treated with nonsteroid-based moisturizing lotions. The patient's mother had chronic eczema. Physical examination revealed a temperature of (38°C). Heart, lung, and abdominal examination results were normal. A rash as depicted in the photographs (Figures 1-3) was present over the torso and extremities, sparing the face and mucous membranes. The patient was admitted to the hospital.

For the diagnosis and teaching points, see page 92.

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DIAGNOSIS:

Cutaneous larvae migrans. This nematode parasitic infection, also known as creeping eruption, is caused by skin penetration and migration of nematode larvae. Often humans are infected when bare skin comes in contact with contaminated soil. The dermatologic sequelae present as intensely pruritic, serpiginous, erythematous lesions. Humans are accidental hosts, and the larvae are limited to the dermal-epidermal junction and do not penetrate the bloodstream. It is commonly seen in subtropical and tropical areas, as well as the southern United States. Diagnosis is mostly based on the classic presentation of the lesions, and skin biopsies are not always diagnostic. It is a self-limited infestation, but the intense pruritus and risk for secondary infection necessitate treatment. Thiabendazole, albendazole, or ivermectin are considered first-line anthelmintics.^{1,2}

REFERENCES

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DIAGNOSIS:

Eczema herpeticum. A presumptive diagnosis of eczema herpeticum (Kaposi varicelliform eruption) was made at admission. The key features were the diffuse nature of the rash and the characteristic umbilicated lesions. The patient was admitted for intravenous acyclovir and vancomycin. Viral culture of a lesion grew herpes simplex 1. Direct fluorescent antibody of lesional fluid was positive for herpes simplex and negative for varicella. Eczema herpeticum is an uncommon complication of atopic dermatitis and other skin disorders because of impetiginization of abnormal and normal skin with herpes simplex. Mortality in the preacyclovir era has been reported as high as 9%.