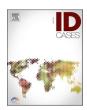


Contents lists available at ScienceDirect

IDCases

journal homepage: www.elsevier.com/locate/idcases



Check for updates

An acute presentation of chronic Strongyloides infection with larva currens

Hannah Ward a,*, Amy E. Edwards a,b, Anjaneya Bapat a

- ^a Department of Infectious Diseases & Microbiology, The Royal London Hospital, London, United Kingdom
- ^b Barts and the London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom

ARTICLE INFO

Keywords: Strongyloides Helminth Nematode Parasitic infection Larva currens Eosinophilia

Manuscript - text to accompany images

A 27 year-old Caucasian woman attended a London hospital with three weeks of pruritic swelling of her left hand, reportedly since an insect bite in the Colombian rainforest. She had returned two days prior from a nine week trip to Colombia and Peru. There, she spent time in the rainforest, walked barefoot, swam in the Amazon, and reported contact with monkeys. Previous travel included Jamaica, South-East Asia, Ethiopia and Australia. She was awaiting hematology review for persistent eosinophilia for over six months but was otherwise well (peak eosinophil count 3.4 \times $10^9/\rm L)$. STI screen and HIV serology were negative.

On examination, there was erythematous swelling of the first interdigital space with associated subcentimetre soft mass (Fig. 1) This was felt likely to represent cutaneous myiasis, however no larva was found on incision.

One week later, pruritic serpiginious rashes on the left hand and buttock were noted (Fig. 2). Strongyloides serology was positive, and a diagnosis of larva currens was made. Her symptoms completely resolved following ivermectin, and the long-standing eosinophilia normalized.

This case represents a seemingly acute presentation of a chronic infection in the context of recent travel and new exposures. The learning point here is to consider all travel history and previous exposures for acute infective presentations, particularly in the context of chronic and unexplained laboratory abnormalities.

CRediT authorship contribution statement

Hannah Ward: Writing – original draft, Visualization, Project administration. **Amy E Edwards:** Writing – original draft, Writing – review & editing, Visualization. **Anjaneya Bapat:** Writing – review & editing, Supervision.

Sources of funding

There are no study sponsors or associated funding with this case.

Ethical approval

N/A.

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

Conflicts of interest

There are no conflicts of interest associated with the writing or the publication of this case.

^{*} Correspondence to: Department of Infectious Diseases & Microbiology, The Royal London Hospital, Whitechapel E1 1FR, United Kingdom. *E-mail address:* Hannah.ward22@nhs.net (H. Ward).

H. Ward et al. IDCases 31 (2023) e01679



 $\textbf{Fig. 1.} \ \, \textbf{Erythematous swelling of the first interdigital space of the left hand with associated subcentimetre soft mass}$



 $\textbf{Fig. 2.} \ \ \textbf{Serpiginious rash on the right buttock in keeping with larva currens and Strongyloides infection}$