Clinical picture

Strongyloid stercoralis infection of skin and lung

An 85-year-old man with a previous diagnosis of chronic dermatitis complained of progressive brown skin color with a generalized distribution 15 years earlier (Figure 1). He intermittently visited the dermatology outpatient department and was being treated with antihistamine and steroids.

At his most recent visit, he complained of general weakness, poor appetite, diarrhea and cough that had lasted for several weeks. He was sent to the emergency room where chest X-ray (CXR) showed a mass lesion over the right middle lobe (RML) and he was admitted (Figure 2a). The physical

Figure 1. The picture showed progressive brown skin color with a generalized distribution.

Figure 2. (a) CXR showed a mass lesion over the RML; (b) the mass lesion had resolved 2 months later.
examination revealed generalized pruritus with hyperpigmentation over the face, neck, trunk and four limbs. Chest computerized tomography (CT) showed a poorly defined consolidated lesion in the RML with central low-density and small gas bubbles, enlarged lymph nodes over the mediastinal and bilateral axillary regions. A stool analysis showed strongyloid stercoralis infection. The CT-guided biopsy of the pulmonary lesion revealed acute inflammation with focal necrosis. The skin biopsy showed collagen degeneration and increased number of mast cells. The biochemistry data showed an IgE concentration of 736 IU/ml and that eosinophils predominated. The clinical symptoms improved slightly after antihelminthic therapy with mebendazole for 7 days. A second stool analysis was negative. We followed his progress and discharged him after 2 months. The CXR showed that the consolidated lesion had resolved (Figure 2b). The effected area of skin had been bleached white.

Discussion

The pathognomonic rash of strongyloides infection is serpiginous and urticarial. This rash frequently manifests as a pruritic wheal or linear urticaria. This may last for hours to days, but in autoinfection cycles can recur over longer periods of time. Rarely, in disseminated strongyloidiasis, a petechial purpuric eruption may be present secondary to vessel injury during larval migration.¹,²

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References