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Fig 1. Papular erythematous eruption on the cheeks bilaterally.

Fig 2. Papular erythematous eruption on the forehead.

An unusual case of swimmer's itch

To the Editor: We wish to report an interesting case of swimmer's itch, which occurred in a fresh water lake 80 miles north of Houston, Texas. This case is unique in terms of geographic occurrence and the physical examination and histologic findings.

In July 2007, a healthy 41-year-old female presented with a 3-day history of an "itchy rash" on her face and shoulders. The patient also described "feeling hot" with worsening of her symptoms in the morning. One day before the eruption, she had been in a lake and recalled swimming through a large amount of floating vegetation. The day after the lake exposure, her primary care provider gave her cetirizine and a moisturizing lotion, which provided minimal relief. The physical examination revealed 1- to 2-mm erythematous papules on her forehead, cheeks, shoulders, and bilateral upper extremities (Figs 1 and 2). A shave biopsy of an erythematous papule revealed two schistosomal cercariae within the epidermis at the level of the stratum granulosum along with mild dermal perivascular lymphocytes and eosinophils (Fig 3). She was given triamcinolone 0.1% cream and hydroxyzine 25 mg tablets to use daily. At a 2-week follow-up appointment, the patient's symptoms had dissipated and the eruption was almost completely resolved.

Swimmer's itch is a transient, pruritic, papular eruption that occurs when a human accidentally becomes part of the avian schistosome life cycle (Fig 4). The typical example of swimmer's itch described in the literature depicts lower extremity involvement after wading in warm, shallow waters containing dense vegetation. In our case, the patient was swimming in deeper waters but was surrounded by floating vegetation. Because only her upper body was affected, the cercariae most likely were present in large enough numbers at the surface of the water associated with the vegetation. The diagnosis of swimmer's itch is often based solely on clinical observation. Biopsy findings are usually nonspecific, and locating cercariae in the biopsy specimen is diagnostic when present, but not very common. The cercariae die within 24 hours and are completely destroyed at 72 hours,[1] and patients often seek medical attention after this time period.[2] We were very fortunate to see the cercariae in the epidermis in the biopsy specimen (Fig 3). Swimmer's itch has been documented on almost every continent, in many different climates, and in both fresh water and, less frequently, salt water. In the United States, it is most commonly seen in central and eastern parts of the north, especially in Michigan and Long Island.[3-5] Our case is distinctive in that we report several uncommon findings, including the geographic

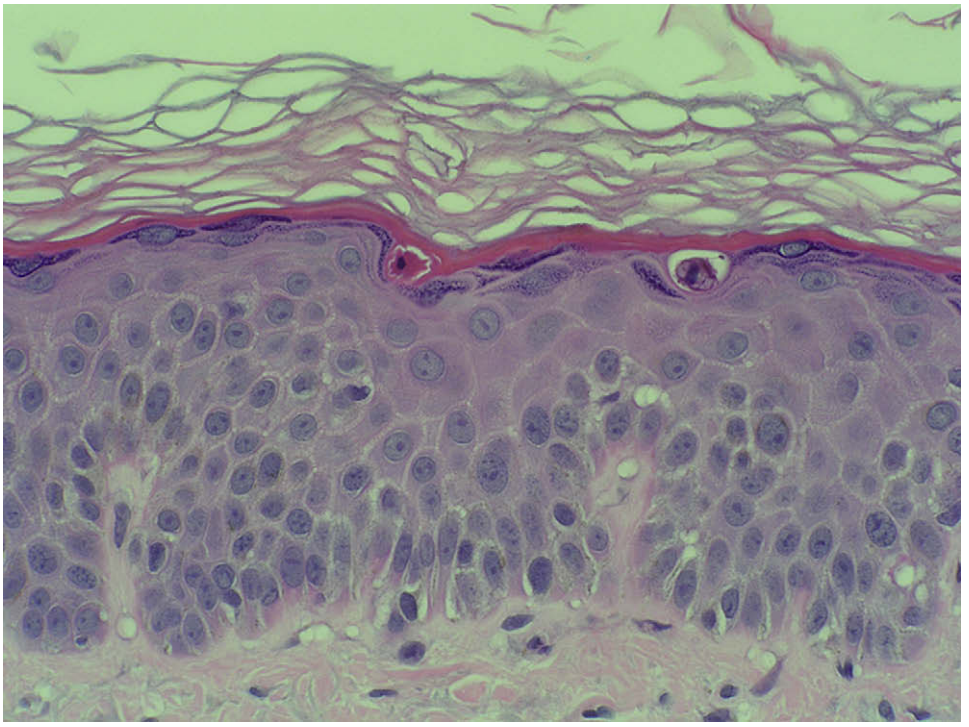

Fig 3. Cercariae in the stratum corneum. (Hematoxylin–eosin stain; original magnification: ×40.)

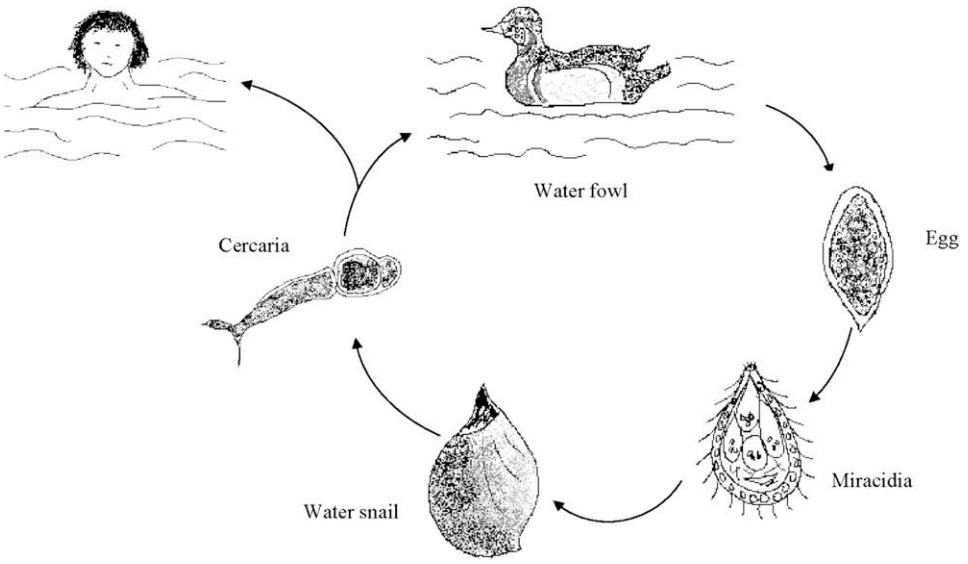

Fig 4. Avian schistosome life cycle.

location (southern United States), the pruritic papules on the upper body, and the isolation of cercariae in the biopsy specimen.

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