

Dermatoses au retour de voyages



**Pr. Eric
CAUMES**

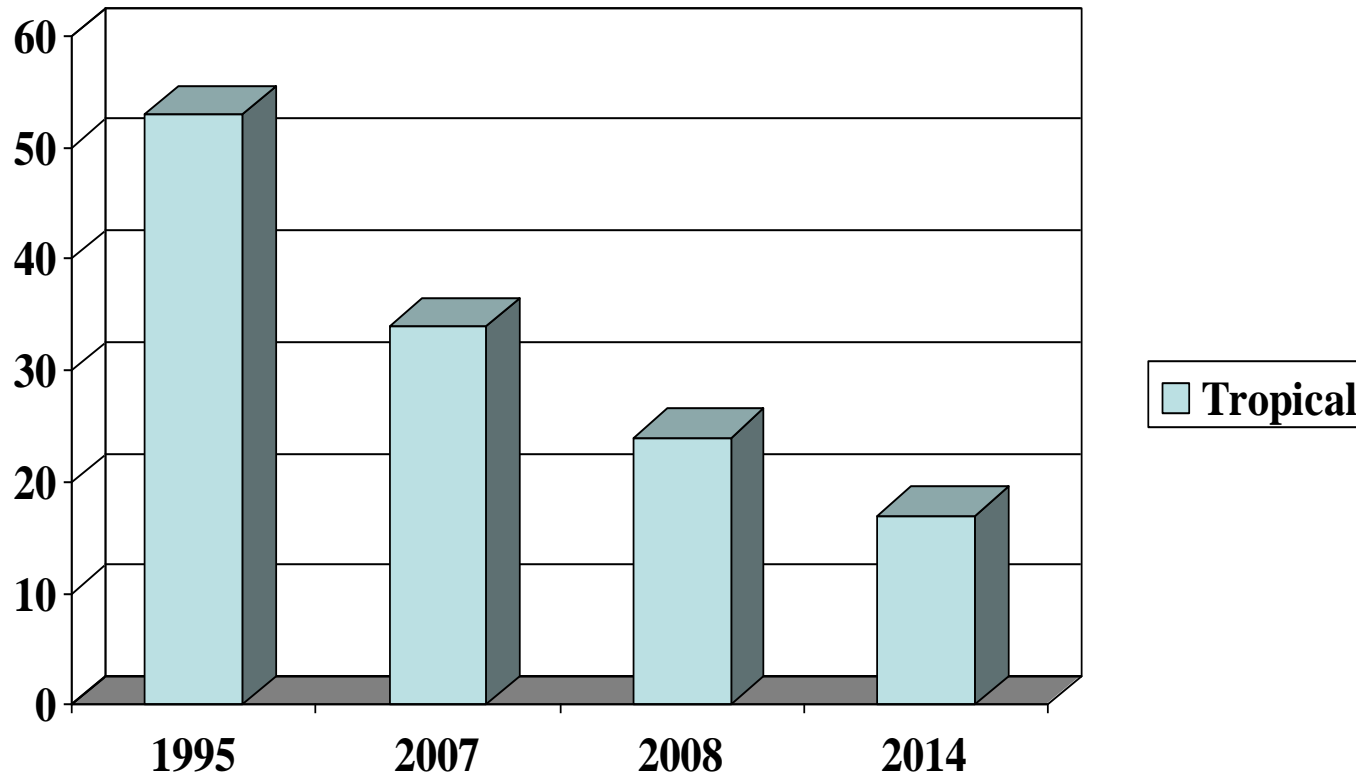
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Université
Pierre & Marie
Curie)

Quelle est la part occupée par les dermatoses tropicales parmi les dermatoses vues au retour de voyages ??

- 1: > 50%**
- 2: 35-50%**
- 3: 20-35%**
- 4: 5-20%**
- 5: < 5%**

Tropical skin diseases in returning travelers: less and less common



1995- Caumes E. Clin Inf Dis 1995; 20:542-548

2007- Ansart S. Am J Trop Med Hyg 2007; 76:184-186

2008- GeoSentinel. Int J Inf Dis 2008 i:10.1016/j.ijid.2007.12.008

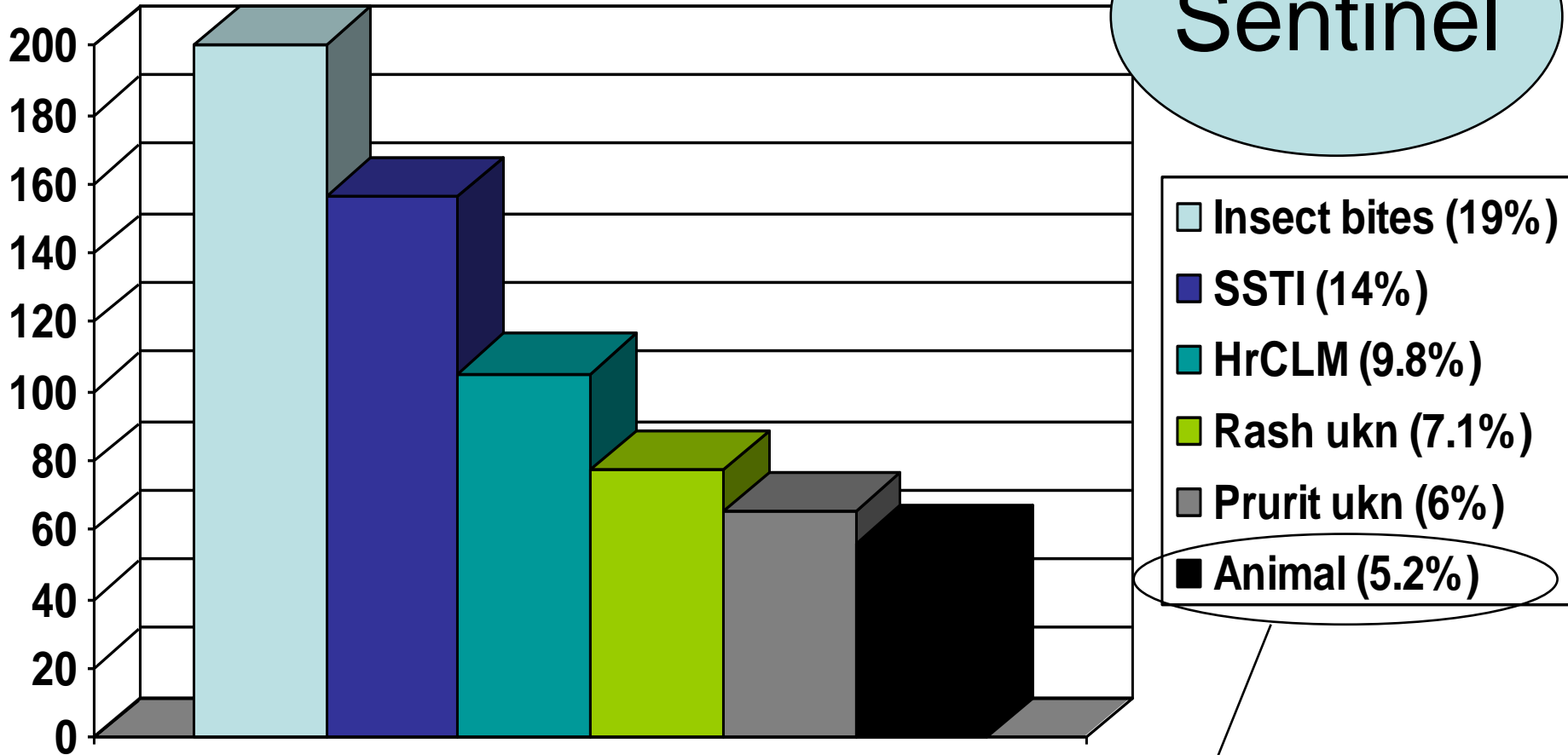
2014- CanTravNet. CAMJ 2014

Quelle est la première cause de consultation en dermatologie au retour de voyages ??

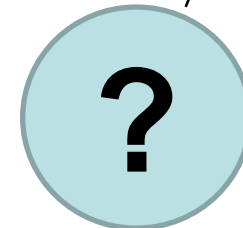
- **1: Infection peau et tissus mous**
- **2: Piqures d'insectes**
- **3: Larva migrans cutanée ankylostomienne**
- **4: Morsure animale**
- **5: Prurit d'étiologie indéterminée**

Skin problems in 1076 travellers

Canada



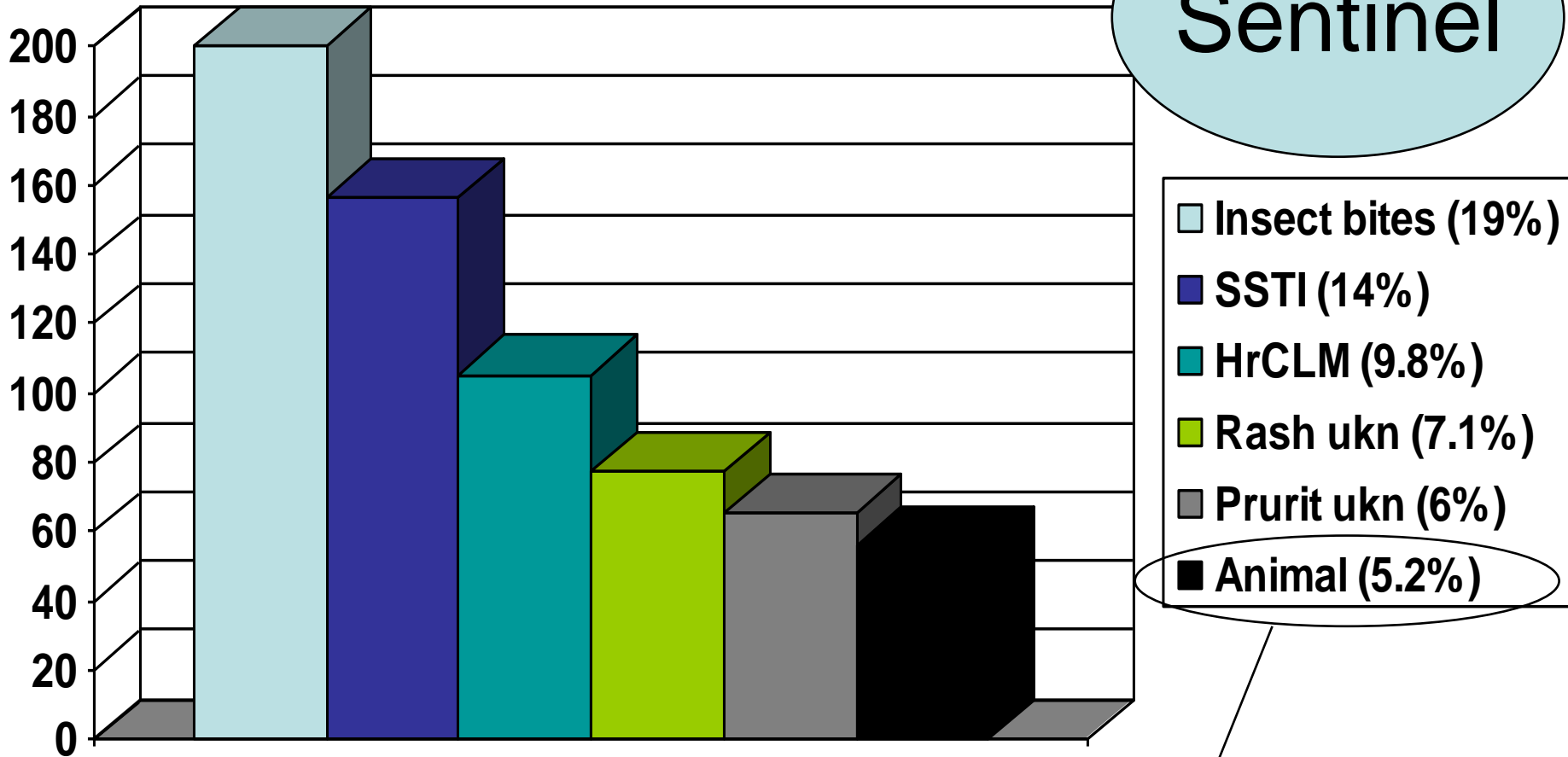
Stevens MJ et al.
CMAJ open 2015



Quelle est la première cause de morsure animale chez les voyageurs??

- **1: Chauve-souris**
- **2: Chien**
- **3: Chat**
- **4: Tigre**
- **5: Singe**

Skin problems in 1076 travellers Canada



Stevens MJ et al.
CMAJ open 2015

monkey (25), dog (18), other (10: bat 6, cat 3, tiger, stingray & leech 1)







Abscess management

« Ubi pus, ibi evacuata »

Still true since Hippocrate

Am J Med **1876**; 6: 226







SSTI in 60 travelers, 01/2006-08/2007

Forms	N (%)	% culture +	MS Sa	GAS	Both
Impetigo	21 (35%)	76%	31%	38%	31%
Abscess	14 (23%)	57%	100%	0	0
Ecthyma	11 (19%)	91%	10%	60%	30%
Cellulitis	11 (19%)	0	NA	NA	NA
Folliculitis	3 (5%)	33%	100%	0	0

MRSA Imported by Swedish travelers 2000-2003 : countries at risk (ORs)

• Nordic	0.1 (0.01-0.6)
• Western Europe	Reference*
• Southern Europe	2.4 (1.0-5.8)
• Central and Eastern Europe	2.8 (1.0-8.1)
• UK and Ireland	10.3 (4.4-24.0)
• North America	10.6 (4.2-26.7)
• Northeastern Mediterranean	15.8 (7.0-35.6)
• South America	31.2 (10.0-97.6)
• East Asia	36.5 (16.2-82.0)
• Oceania and Pacific Islands	43.0 (15.5-119.4)
• Sub-Saharan Africa	46.3 (17.3-123.6)
• North Africa and Middle East	59.0 (25.1-138.9)

***S.aureus* related SSTI in travelers**

- Transmission in the household then in the community
- Antibiotic resistance
- Récurrentes
- Portage

Zhou YP, et al. J Travel Med. 2014; 21: 272-81

Zanger P (editorial). J Travel Med 2014; 21: 225-7



**Parmi les malades précédents,
combien d'entre eux ont une
larva migrans cutanée
ankylostomienne ?**

- **1: un**
- **2: deux**
- **3: trois**
- **4: quatre**
- **5: cinq**

70 pts with creeping dermatitis, 2008-12

Disease	Number of cases (%)
HrCLM including Hookworm folliculitis	66 (94%) including 7 HF /66 (11%)
Gnathostomiasis	2 (3%)
Loiasis	1 (1.5%)
Creeping (dog) hair	1 (1.5%)
Migratory myiasis, dirofilariasis, larva currens, Pyemotes ventricosus, scabies	0





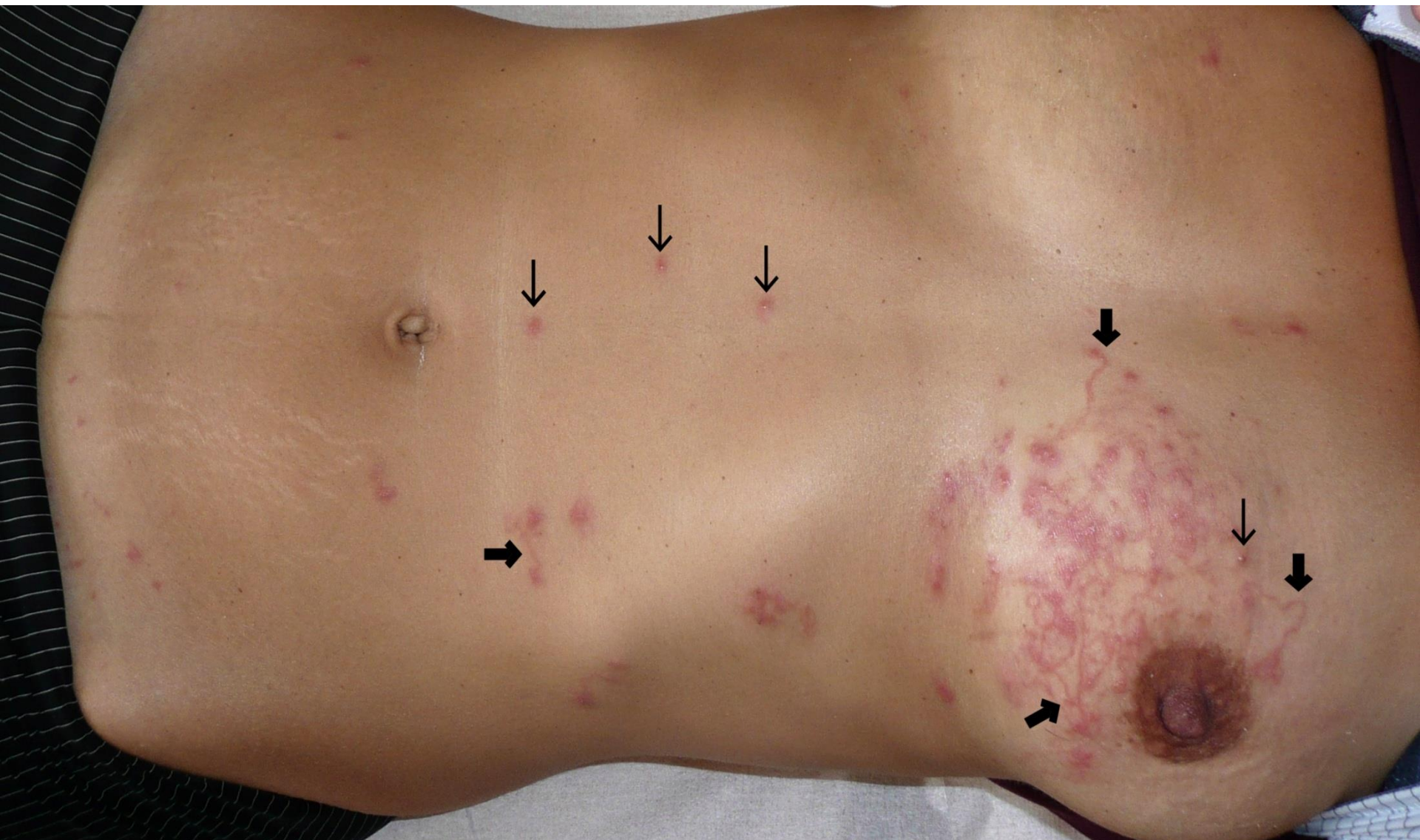


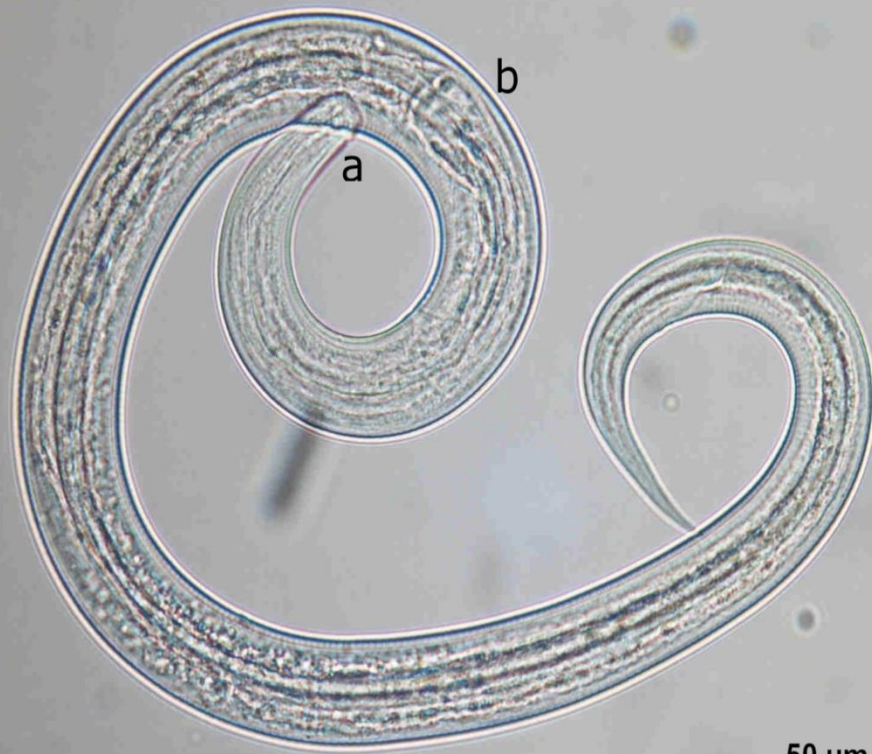
Folliculitis (HrCLM)





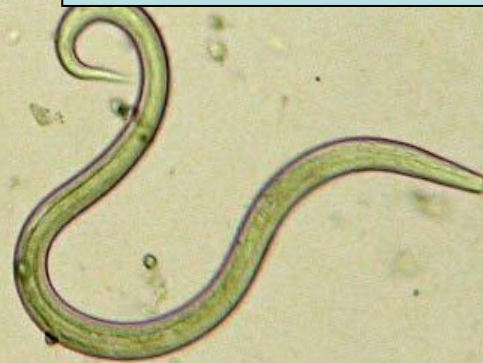
Identification of *Ancylostoma braziliense* in HrCLM (Le Joncour A et al. Am J Trop Med Hyg 2012; 86:843-5)





**hookworm larva
recovered
from a skin scraping
of folliculitis
lesion (optical
micro, x40)**

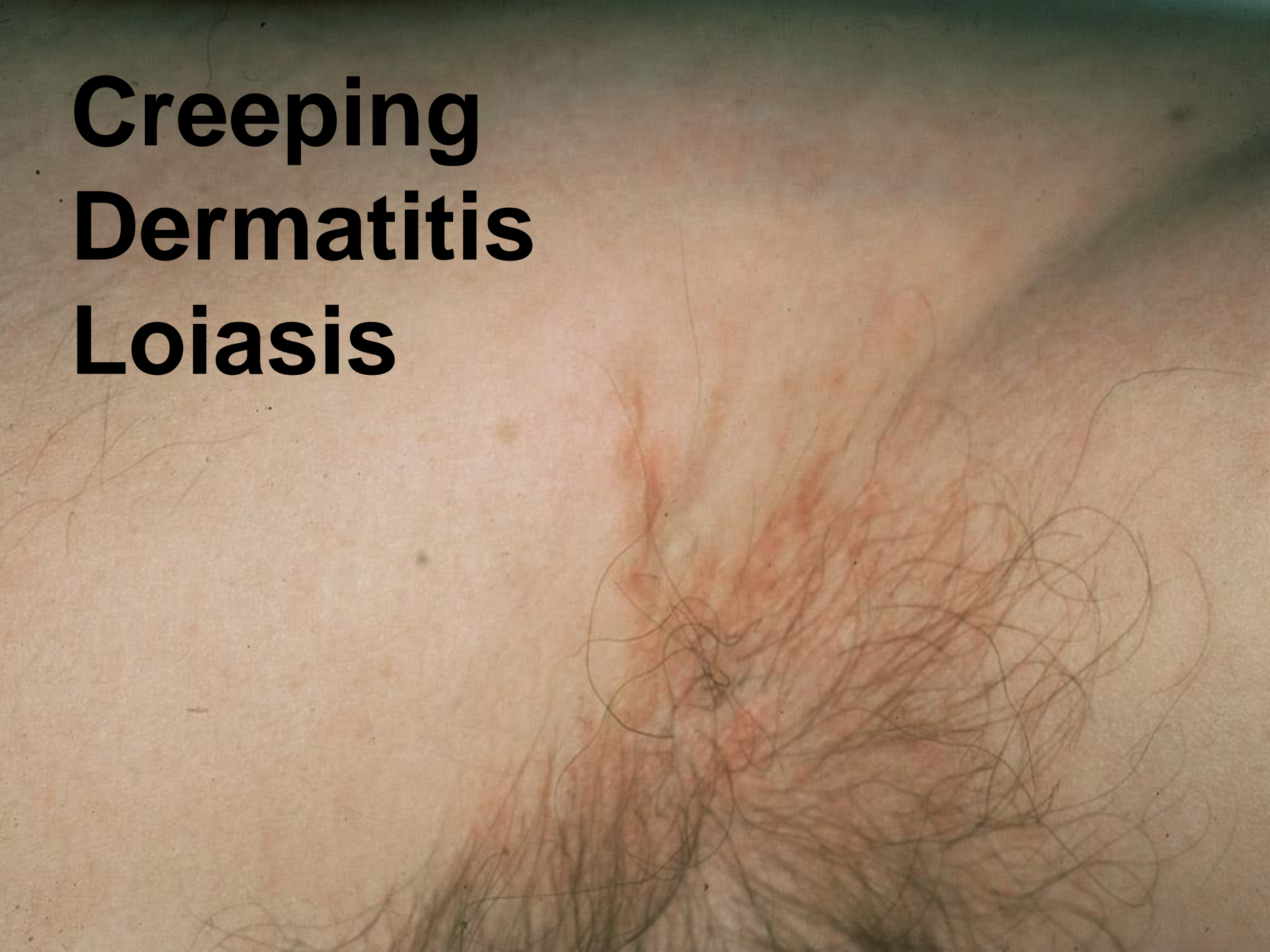
**Living hookworm larva recovered
from a skin scraping of folliculitis
Lesion (optical micro, x10)**





Larva currens
Strongyloidiasis

Creeping Dermatitis Loiasis





Quel est le traitement de la larva migrans cutanée ankylostomienne ?

- 1: albendazole 400 mg/jour une fois**
- 2: albendazole 800 mg une fois**
- 3: ivermectine 12 mg une fois**
- 4: ivermectine 12 mg deux fois**
- 5: ivermectine 12 mg trois fois**

HrCLM : efficacy of a single dose ivermectin varies with the clinical presentation.

- 62 travellers (35 F, 27 M, mean age 35) with HrCLM treated with 200 µg/kg dose of ivermectin, single dose.
- All pts had creeping dermatitis and 6 patients (10%) also had hookworm folliculitis (HF).
- Overall CR = 59/62 pts (95%). **CR = 98% in the 56 pts presenting with only creeping dermatitis and 66% in the 6 patients also presenting with HF**







Febrile exanthema, 2018

- A 48-year-old previously healthy male,
- 5 weeks trip: Ecuador, Peru, Bolivia, Chile, Easter Island, French Polynesia, and Hawaii.
- In Moorea, French Polynesia, several mosquito bites (use of insect repellents containing 30% DEET).
- < 12 hours after departing French Polynesia: pruritic erythematous rash of his neck. Rash progressed + malaise, fatigue, fever (38.8°C), marked arthralgia, low back pain, and bilateral exudative conjunctivitis.
- By day 9, the patient's symptoms were generally resolved with the exception of progression of the rash until day 11



?









Dengue vs Chikungunya

Variable	Chikungunya N = 22	Dengue N = 16	P =
Arthralgies	100%	0%	<0.001
Prurit	48%	31%	NS
Neutropenie	10%	81%	<0.001
Thrombopenie	35%	88%	0.002
Cytolyse hépatique	65%	88%	NS





« Exanthèmes » fébriles

VIRUS*	Chikungunya (35%), dengue (26%), EBV (5%), HIV (3%), CMV (2%), rougeole, rubéole et varicelle (2% chaque)
BACTERIE	Fièvre Africaine à tiques (10%), Strep TSS (2%)
PARASITE	Toxoplasmose et schistosomose invasive (2% chaque);
ADR	Nevirapine (prophylaxie post exposition en Afrique(2%))
Unknown	8%

*Overpresentation of chikungunya infections due to the outbreak in the south East indian ocean islands; no Zika

Hochedez P et al. Am J Trop Med Hyg 2008; 78: 710-713

Dermatoses et voyages

- De – en – tropicales, de – en – infectieuses
- Pdt le voyage: Soleil et arthropodes
- Au retour de voyages : 1- piqûres d'insectes (+/-surinfectées), 2- infections cutanées bactériennes, 3- LMCa
- Infections éruptives: 1- arboviroses (dengue, chik, zika), 2- rickettsioses
- Prévention: VAT, répulsifs, moustiquaire, vêtements (imprégnés), DC, AS?, AB ?

REISER

VIVE LES VACANCES!



1941 - 1982

LES RESCAPÉS DE L'ÉTÉ POURRI



Vive les vacances,
Éditions du Square, 1979

Merci pour votre attention