CASE REPORT

A 2-year-old boy presented with a rapid moving, S-shaped linear red lesion on the lateral side of his left foot for one week (Fig. 1). No specific symptoms were noted. There was no preceding trauma or surgical wound. There was no traveling history recently. The boy lived in Taipei city. On examining his feet, we found an about 3 cm long wavy superficial burrow on the lateral aspect of the left foot. At its lower end, there was a thin dark material 1 cm in length. According to the statement of his mother, the material rapidly moved in past one week. The skin biopsy was performed at the area where the thin dark material was found and the tissue specimen was stain with H&E stain (Fig. 2). During the biopsy, we found a dark hair fragment which was confirmed by KOH examination. Then we removed the whole hair fragment.

From the Department of Dermatology, Cathay General Hospital
Accepted for publication: October 29, 2003
Reprint requests: Ming-Tuo Chuan, M.D., Department of Dermatology, Cathay General Hospital, No 280, Section 4, Jen-Ai Road, Taipei, Taiwan, R.O.C.
TEL: 886-2-27082121 ext. 5078     FAX: 886-2-27074949
**DIAGNOSIS: Imbedded Hair Resembling Larva Migrans**

**DISCUSSION**

Penetration of human hair with moving under the skin has been reported in the Literature and designated as "imbedded hair resembling larva migrans", "bristle migrans", "hair fragment in the skin resembling larva migrans" or "burrowing hair (pili cuniculati)". These terms all try to describe the superficial horizontal penetration of the hair into the skin by a mysterious force. Similar phenomenon is seen most in barbers. The tiny hair-containing sinuses frequently find in the barbers' hands could be treated by simply pulling out the hairs and allowing the sinus to heal spontaneously. The condition seldom reaches medical attention because of its benign nature.

The mechanism of hairs entering the skin is a puzzle. It seems to form from a spear-like unidirectional migration of hair, caused by its microbarbed architecture (i.e., cuticular scales) which acts as resistance to outward movement. This spear-like action is augmented by various mechanisms, including friction, suction, massage and maceration. Our patient is a 2-year-old boy. The stratum corneum of the feet is softer than the adult. We presume the hair might accidentally penetrate the soft skin which was accelerated by friction between shoes and feet. Then imbedded hair resembling larva migrans is noted.

In conclusion, this is an uncommon condition and should be put into the differential diagnosis of larva migrans especially in children. Treatment is dependent on clinical presentations. Sometimes, the hairs can pull out easily. Rarely, it needs surgery to remove the hair such as our case.

**REFERENCES**