Serving Services:

lugrowing toe nail (septic paronychium)? Big toe

- Acute gout ? Not likely at age 65 for a first attack, and usually affected.
- also more likely to affect the big toe.
- Trauma ? The patient would most likely be aware of
- often found in the sand. As the name creeping eruption beaches, canine hookworm larvae from dog excreta are wrong again. Because dogs are not forbidden from τατνα migrans (creeping eruption)? More likely, but some incident.

(anni) implies, one would expect an inflamed red track of the

possibilities will have to be considered as well. With more South Atricans visiting tropical destinations, other

Clinically Speaking

most lesions are found between the toes or next to nails where temales start looking for the next host. In barefoot walkers chrysalis, which turns into an adult flea. After copulation, adult a otni pnivlove evoluti betore evolving into a which eggs are deposited onto sand. There they hatch into the abdomen protruding through the entry hole through There it will dig through the skin with only the distal part of attach to the skin of any mammal, but prefer humans or pigs. completes its life cycle in loose dry sand. The gravid temales Also called sand flea infestation, this tiny blood-sucking flea suerranad epuni

Adult temales die naturally atter a period of about three weeks. the skin is softer.



Photo: courtesy of Prof WK Jacyk, UP.

.9vizn9t26 oof ton zi noit6t26 applied insecticide may be another option, provided the

Answer



a week on the golden beaches of neighbouring Mozambigue. What may be the cause?

This intensely itchy lesion appeared on a 65 year old patient's toe, six days after spending

photographs of poisonous insects, plants, snakes, contaminated water or anything that may cause sickness or disease in South Africa. Kindly provide a short clinical synopsis of 100-200 words from which a quiz can be formulated.

Contributions to this column: E-mail: douw@medpharm.co.za, Fax (012) 664 6276 or P.O. Box 14804, Lyttelton Manor 0157.

This column is aimed at developing your clinical acumen. A clinical quiz will alternate with a short discussion of a clinical sign. You are invited to send us requests for future topics and to provide photographs of clinical signs for the quiz section. Kindly send a fax or e-mail with your requests and mail high gloss photographs or a disk with high resolution (300dpi) jpeg files to us. (See contact details above) Photographs may include clinical signs,

Prof J H Retief, MBChB, MMed(Int), MSc(Clin Epid) Department of Internal Medicine, Kalafong Hospital, Faculty of Health Sciences, University of Pretoria Correspondence to authors: jhretief@kalafong.up.ac.za

Prof DS Rossouw, MBChB, MMed(Int), D Phil

A clinical quiz that surns heads