

Photo Quiz

(For answer and discussion, see page 368 in this issue [[doi:10.1128/JCM.00529-13](https://doi.org/10.1128/JCM.00529-13)].)

Risk in Travelers after Barefoot Sand Walking in Tropical Countries

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FIG 1 (Left) Ovoid structures and arthropod parts. Magnification, $\times 200$. (Upper right) First- and second-toe lesions. (Lower right) Ovoid, brownish structures. Magnification, $\times 400$.

Patient 1 was a 44-year-old woman, a journalist, who was attended to at the emergency unit of Hospital Universitario Miguel Servet for two pruriginous small lesions, each with a blackish center and a hyperkeratotic halo, on the heel of the right foot and a larger lesion adjacent to the distal edge of the nail of the fifth finger, approximately 1 cm in diameter. The previous month, she had traveled to Tanzania and Zanzibar Island, performing barefoot walks on sandy beaches and rocky areas. During the trip, she had presented an episode of generalized pruritus. The injuries were punctured with iodine antiseptic application, and the serous material was sent to the microbiology laboratory. The direct microscopic examination showed brownish structures of arthropod parts and ovoid structures ([Fig. 1](#), left). Resolution was satisfactory.

Patient 2 was a 66-year-old woman, a social worker, who was attended to at the dermatology unit for painless lesions in the pads of the toes of both feet. The onset had occurred after a 4-month

stay with a nonprofit organization in Ethiopia. On examination, she had in the first and second left toes and in the second right toe periungual lesions, each with a black center surrounded by erythema and hyperkeratosis ([Fig. 1](#), upper right). Material extracted was sent to the microbiological laboratory with visualization of ovoid structures ([Fig. 1](#), lower right). The lesions were topically treated with 4% formaldehyde, with satisfactory resolution.

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