THE JOURNAL OF OBSTETRICS AND GYNECOLOGY OF INDIA

The Journal of Obstetrics and Gynecology of India (March–April 2013) 63(2):145–146
DOI 10.1007/s13224-012-0187-z

CASE REPORT

Rare Case of Urogenital Myiasis

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Received: 18 November 2011 / Accepted: 13 February 2012 / Published online: 3 October 2012

Introduction

Urogenital myiasis is an extremely rare condition seen in immunocompromised individuals, elderly, and persons with poor personal hygiene. It commonly occurs in tropical, subtropical countries, and areas with warm climate. The most common species associated with urogenital myiasis is phorids. Both diagnosis and management are equally simple.

Case Report

A 40-year-old, Hindu female, residing in a rural area in Dewas (MP), field worker, belonging to low socio-economic status came to SAIMS outpatient department with complaints of itching and burning in the private parts since 10–15 days. Her bladder and bowel habits were normal.

There was no history of abnormal discharge or bleeding per vaginum, no history of perianal itching, and no significant history in the recent past or present. On general examination, she was thin built, pale, poorly nourished, and with poor personal hygiene. Her vitals were normal, and systemic examination did not reveal any abnormality. On local examination, external genitalia and perianal area were healthy; on per speculum examination, cervix appeared normal. There were 4–5 whitish wormiform organisms 2 × 0.5 cm seen in the vagina giving it an eaten-up appearance. No obvious growth on the cervix or vagina was noted.

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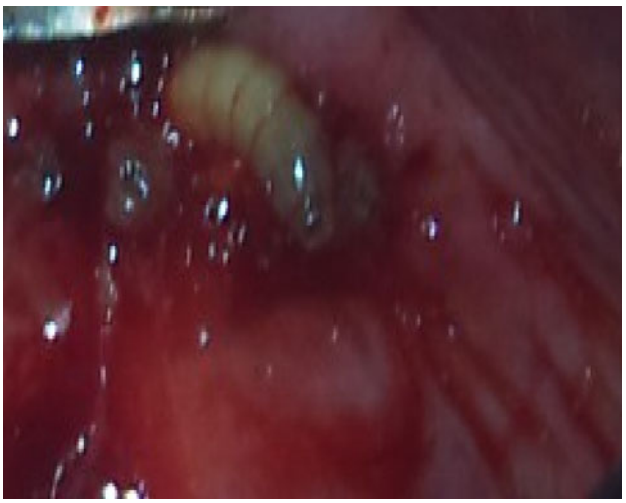

She was advised hospitalization. Routine and special investigations conducted were within normal limits. Cervical and vaginal smears were inflammatory. The patient was started on broad-spectrum antibiotics, anti-parasitic drug (ivermectin), and anti-larval turpentine oil applied locally. She responded well to our treatment and was discharged in a healthy condition. She was asked to report after 3 weeks, but was lost further follow-up.

Discussion

Myiasis is defined as the infestation of live human and vertebrate animals by larvae of varied species [1]. There are 50 types of fly known to cause myiasis in humans in the tropical and subtropical countries [2]. Larvae of the fly families—Muscidae, Sarcophagidae, Calliphoridae, and Phoridae, as well as mosquitoes of the families Anisopodidae and Scenobinidae—are known to cause urogenital myiasis. Children, the elderly [3], the disabled, the immuno-compromised [4, 5], and persons with poor hygiene and psychiatric [6] disturbances are particularly susceptible to myiasis. Based on the area of infestation in the body, they can be classified into the following: cutaneous (dermal/sub-dermal) most common, enteric (intestines), ophthalmic, nasopharyngeal, auricular, oral, mammary, urogenital, and anal. Flies are attracted to malodor and suppurative lesions where they lay their eggs and develop into larvae. The pathogenicity results from inflammation and toxins secreted by the larvae. The larvae are photophobic, penetrating deep into the tissues with the help of sharp mouth hooks. Genitourinary infestation usually presents as pain and pruritus at the site [7]. Ivermectin [8] is often mentioned as being the main drug prescribed to humans and animals with myiasis. Systemic treatment includes broad-spectrum antibiotics after the removal of larvae to help to prevent secondary infections. Larvicidals in the form of turpentine oil applied locally is helpful. Surgical excision is also an option, although usually it is not always necessary. In all cases of myiasis, avoid breaking the larva. One must remove the entire larva to avoid a hypersensitivity or foreign body reaction to the larval antigens.

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