



Case Report

A RARE CASE OF GENITAL MYIASIS IN A WOMAN WITH GENITAL PROLAPSE

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Abstract

Myiasis is a parasitic infestation caused by the larvae of several species. This is occasionally encountered in tropical and subtropical countries in persons with poor hygiene or in immune compromised and malignancies as co-morbidities(1,3,4.) This is a case of a lady with vault prolapse and no risk factors still presented with maggotic infestation of the exposed vaginal vault. This case is being presented because of its rarity in a vault prolapse without underlying risk factors.

Key words: maggotic infestations, myiasis, vault prolapse

INTRODUCTION

Myiasis is a parasitic infestation caused by larvae of different species of flies. Though the condition is rare, diagnosis and treatment are simple.(2,5,6) Urogenital infestations are rare with maggots and are really distressing to the suffering woman and also to the treating doctor.(3,6)

CASE REPORT:

A 65 year old multiparous, Post hysterectomised woman presented to our emergency admission room on 22 05 2014 with the chief complaint of prolapsed mass out of vagina and some insects crawling out. She was hysterectomised 10 years ago for a benign condition of DUB and since last 6 years having the vault prolapsed outside, she belongs to a low socio economic status but yet maintaining adequate hygiene. She is neither diabetic or immunocompromised. On clinical examination, there is a large mass protruding out of the vagina which is irreducible, ulcerated and edematous. Over the ulcerated area, several maggots are present and ulcer was oozing bad odoured discharge, the woman was admitted and investigated for the underlying risk factors like diabetes mellitus and malignancy. Both were negative, she was also screened for sexually transmitted diseases including HIV, and all were non reactive. An edge biopsy was performed &HPE of the ulcer showed only granulomatous changes and mild dysplasia. Entomological evaluation of the larvae could not be done due to lack of facilities.

The woman was treated with daily dressings with normal saline and sloughed out tissues were debrided regularly. The larvae were also carefully removed using a fine forceps.



Turpentine oil dressings were done to handle the remaining larvae. The ulcer dressed daily for two weeks. After two weeks, when no more larvae are seen, the woman was discharged with healthy granulation and healing edges. A review after six weeks demonstrated healed ulcer.

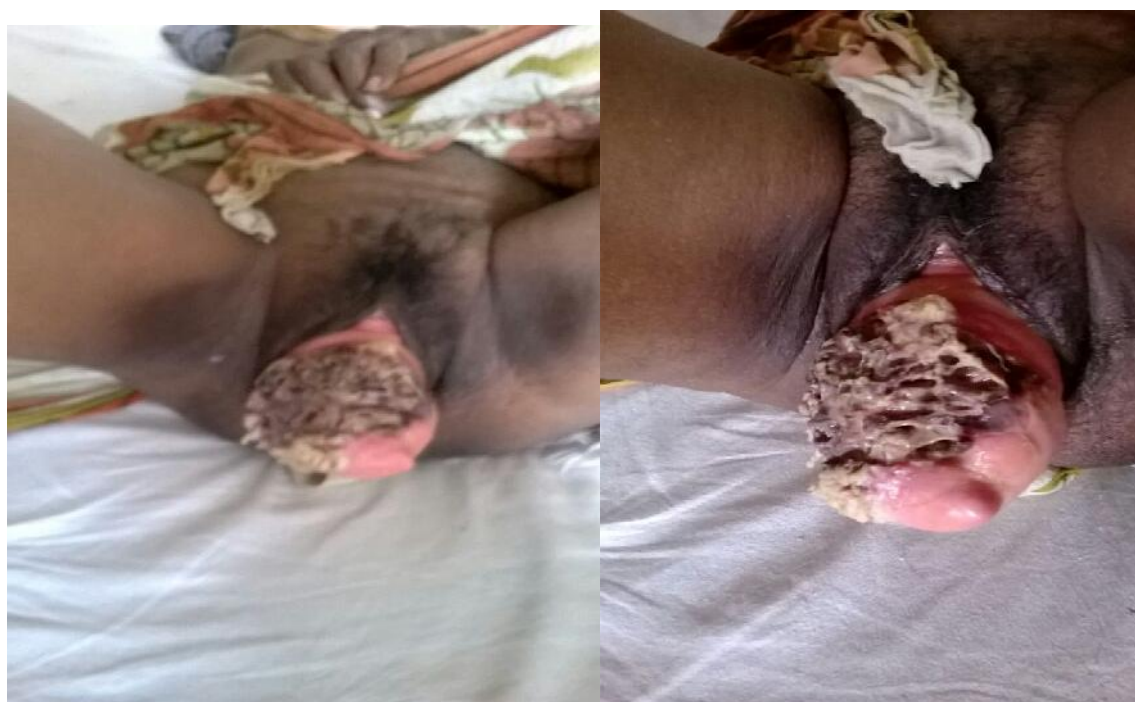
DISCUSSION:

There are two forms of myiasis (1,3,4). The first variety is infestation by obligate type of maggots, where they feed on living tissues. In the second variety, the maggots feed on dead necrotic tissues which are of facultative type. The treatment is simple extraction of the larvae and dressings with antiseptic solutions. Dressings with agents like turpentine oil, hyper tonic saline, hydrogen peroxide or formalin also destroy the infestation and kill the larvae.(2,4,5)

CONCLUSION:

Maggotic infestation are occasionally seen in people with necrotic tissues and in poor hygienic conditions. However immunocompromised patients are at greatest risk. Treatment is highly simple and totally promising.

Genital maggotic infestation is quite rare and in this case we had promptly treated the woman who too responded well to it.



Photographs of the prolapsed vault with maggots



REFERENCES :

- 1 Hall MJ. Trapping the flies that cause Myiasis: Their responses to host-stimuli. *Ann Trop Med Parasitol* 1995;89:33-57. [↑](#)
- 2 Johnston M, Dickinson G. An unexpected surprise in a common boil. *J Emerg Med* 1996;14:779-81. [↑](#)
- 3 Passos MR, Carvalho AV, Dutra AL, Goulart Fiho RA, Barreto NA, Salles RS, *et al.* Vulvar Myiasis. *Dis Obstet Gynecol* 1998;6:69-71. [↑](#)
- 4 Ramalingam S, Nurulhuda A, Bee LH. Urogenital Myiasis by *chrysomya bezziana* (Diptera: Calliphoridae) in peninsular Malaysia. *Southeast Asian J Trop Med Public Health* 1980;11:405-7. [↑](#)
- 5 McIntyre FL - Myiasis. *Am Fam Physician* 1989;39:129-31. [↑](#)
- 6 Cilla G, Pic F, Peris A, Id goras P, Urbietta M, Prez Trallero E. *Rev Clin Esp* 1992;190:189-90. [↑](#)