

Ocular Myiasis

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Maggot in lacus lacrimalis

Ocular myiasis is uncommon in developed countries but this is common in under-developed area of world where standard of living and hygiene is poor. Myiasis is the infestation of human being by the larvae, which for certain period feed on host's dead or living tissue, liquid body substances and may cause a different type of clinical entities. In ocular infestation, clinical picture may vary from allergic conjunctivitis with tearing to corneal ulcer with photophobia. Maggots in eye are rare in developed and even in under developed areas due to awareness and relatively easy access to ophthalmic facility as compared to past. But this entity is still present and sometime ophthalmologist come across such type of situation.

CASE REPORT

A small child of 2 years of age visited the clinic with her parents with complaint of watering and redness of the eye which was not responding to treatment as she was treated by general practioner by considering it conjunctivitis. She had the history of injury on back of head and maggots on it. She was treated by a doctor and it healed. At the time of examination, the scalp wound was healed with a scar. On ophthalmic examination, conjunctiva was congested. Lids were a little edematous, cornea was clear. A small object was moving to and fro at lacus lacrimalis area. Patient was taken to minor operation theater and thorough

examination of the eye was made and it revealed a small maggot moving in and out in its hole. After instillation of a drop of topical anesthetic (Alcain USA), it was removed with the help of forceps. The maggot was examined by local entomologist and this was found to be a larva of *Musca Domestica*. On the next day patient was discharged with topical antibiotic as well as systemic antibiotic. On subsequent follow-up she was perfectly alright.

DISCUSSION

Ocular myiasis is divided into orbital, internal or external, based on site of larval infestation. Larva with invading habits cause orbital and internal ophthalmic manifestation leading to destructive ophthalmic manifestation. External ophthalmic myiasis refers to superficial infestation of ocular tissue including conjunctiva.

There are three families which cause ophthalmic infestation i.e; Oestridae, Calliphoridae and Sarcophagidae. Internal ophthalmic myiasis is blinding disease as compared to external disease. In infestation with larva, browning habits may lead to sever loss of

vision. All these flies are oviparous and eject their eggs on manure and dead tissue leaving them to hatch to larvae (Maggots). They have appearance of white worms with segmentation. These eggs hatched when these are deposited to conjunctiva, as in this case eggs may deposited to conjunctiva by hands of baby from scalp wound or directly to eye by *Musca domestica*. In primary ocular myiasis the early form of lesion is in the form of conjunctivitis and corneal ulceration and subsequently penetration to conjunctiva leading to destructive orbital or internal ophthalmic myiasis. Though our case escapes this terrible fate but was leading to it if appropriate action was not taken at proper time.

Exact taxonomic classification of these larvae is important as potential risk of intraocular penetration. Removed larvae should be preserved in 70% alcohol and sent to specialist for examination.

Except mechanical removal of these larvae, there is no other therapy described. Topical application of anesthetic is said to paralyze the maggots.



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Scalp Wound Maggot

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