CASE REPORT

MYIASIS IN HUMAN FILARIAL LYMPHEDEMA

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Chrysomyia spp. are common causes of myiasis in different parts of Asia (Harwood and James, 1969). Extensive studies on the biology of some of the *Chrysomyia* spp. had been carried out by Norris and Murray (1964). Zumpt (1965), and Oothuman and Jeffery (1984) summarized the literature on human myiasis caused by these flies. Recently Lee (1985), and Lee and Yong (1991) reported cases of oral and aural myiasis respectively from Malaysia. However, information on other forms of human myiasis is scanty. In the present communication a case of myiasis involving lymphedema in a filariasis patient is reported for the first time.

A 42 year old male from Pondicherry reported to the filariasis clinic of this Centre with lymphedema of left lower limb. The chronic lymphedema was of 10 year duration. According to clinical grading he had grade III lymphedema (WHO, 1984; Pani et al, 1990). He complained of severe pain associated with reddish streaks which were of 3 days duration and an open wound at the posterior side of left ankle. He felt the presence of a moving worm in his leg and on the advise of a native medicine practitioner applied camphor dissolved in kerosine locally on the wound. He noticed 6 maggots coming out of the wound. Following this he visited our clinic, where cotton soaked in ether was applied to recover the maggots. On the first day 3 and on second day 5 maggots were recovered. The hemogram of the patient was within normal limits and the wound healed completely within 10 days following local cleaning, dressing and systematic antibiotic and anti-inflamatory treatment.

In an effort to make identification two maggots were washed with distilled water, soaked in 10% NaOH for 12 hours following which the last segment was cut and the spiracular plate was dissected and mounted in gum chloral medium (Fig 1a). The identification was done using the standard keys (Zumpt, 1965). Three maggots, maintained on moist cotton wool pupated and emerged into adults. Both the maggots and the adults were identified as *Chrysomyia rufifacies* (Fig 1b). This is the first report to our knowledge of the occurrence of the mature larvae of *C. rufifacies* in the wound of a case of lymphedema due to filariasis.



Fig 1—Spiracular plate of III instar larva (a) and adult female (b) of *Chrysomyia rufifacies*.

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