



ISSN NO. 2320-5407

Journal homepage: <http://www.journalijar.com>

INTERNATIONAL JOURNAL  
OF ADVANCED RESEARCH

## CASE REPORT

### Vulvalmyiasis in a rural setting: A case report

Raja A. M, Vidhyashree and Pushpa Kotur P.

Department of Obstetrics and Gynaecology, Sri Devaraj Urs Medical College, Tamaka, Kolar, India.

#### Manuscript Info

##### Manuscript History:

Received: 12 November 2013  
Final Accepted: 22 December 2013  
Published Online: January 2014

##### Key words:

Vulvalmyiasis, Maggots, Poor hygiene, Infestation.

#### Abstract

Myiasis is the infestation of dipterous larvae in various body wounds and orifices. It occurs predominantly in rural areas and is associated with poor hygiene. Infestation at the vulvar area is however, an extremely rare occurrence. A 27 year old lady, presented to labour ward at Sri R.L. Jalappa hospital and research center with severe vulvar pain, irritation of vulva and perineum for past 4-5 days.

She had normal vaginal delivery and uneventful postnatal period, 3 weeks ago.

On examination of the vulva with consent and chaperon, there was an ulcer measuring 2X3 cms on the left side of the Mons pubis, with induration and edema around the ulcer. Further close examination revealed tiny maggots measuring about 2 to 3 mm coming out of the ulcer. The episiotomy wound was healthy. Cervix and vagina were healthy.

She had very severe pain and needed parenteral opioid injections, she was given prophylactic antibiotics. Examination under anesthesia and exploration of the ulcer was done the following day, the wound had a honey comb appearance and maggots were seen coming out of the ulcer. Wound debridement was done. Post-operative recovery was uneventful, the ulcer healed by secondary intention. She was discharged with advice on personal hygiene to avoid re- infestation.

Copy Right, IJAR, 2014.. All rights reserved.

#### Introduction

Myiasis is the infestation of dipterous larvae in various body wounds and orifices. It is mainly attributable to unhygienic practices and wound exposure (Kulkarni S et al., 2012). It occurs predominantly in rural areas and is associated with poor hygiene and low educational level. Maggots can enter through intact skin or through a wound. They may also enter a body orifice without tissue invasion (Pseudomyiasis) (Atapattu HDP. 2010). The location of this infestation at the vulvar area is however, an extremely rare occurrence.

#### Case report

A 27 year old lady, from lower socioeconomic background, educated till 5<sup>th</sup> standard, resident of Kolar, India. She presented to labour ward at Sri R.L. Jalappa hospital and research Centre with severe vulvar pain, irritation of vulva and perineum for past 4-5 days. She had normal vaginal delivery with episiotomy 3 weeks ago and her immediate postnatal period was uneventful. She gives history of using sanitary pads in the postnatal period.

On examination her observations were normal. Examination of the vulva with consent and chaperon revealed an ulcer of 2X3 cms on the left side of the Mons pubis with induration and edema around the ulcer. Further close examination revealed tiny maggots measuring about 2 to 3 mm coming out of the ulcer. The episiotomy wound was healthy. On speculum examination, cervix and vagina were healthy.

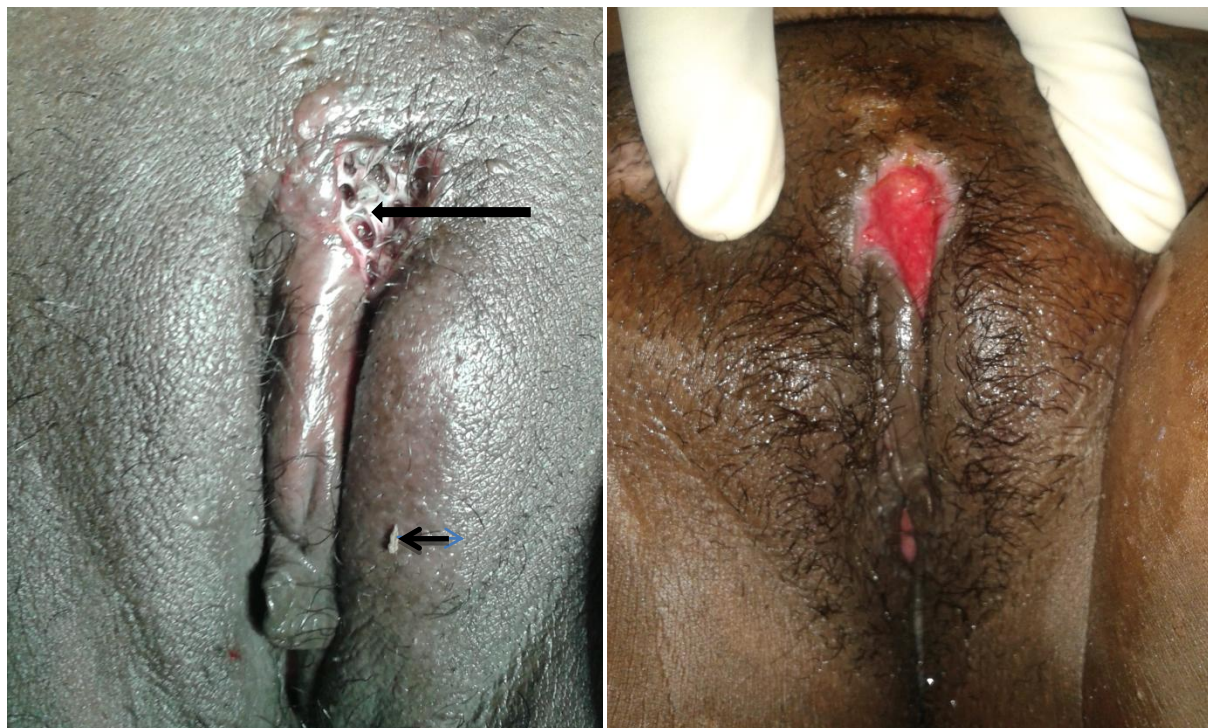
She had very severe pain and needed parenteral opioid injections; she was given prophylactic ceftriaxone and metronidazole antibiotics.

The following day she was taken to theater for examination under anesthesia and exploration of the ulcer. The wound had a honey comb appearance (Fig 1). When the ulcer was being cleaned with hydrogen peroxide, maggots

started coming out of the ulcer and about 18-20 maggots were picked up with forceps. Wound debridement was done. Post operatively her pain was better controlled needing lesser analgesics and broad spectrum antibiotics started already were continued for a week.

Post operatively every day the wound was cleaned with betadine and a pack soaked in ether was kept insitu for 2-3 minutes to look for any maggots. On the next day we found around 7-8 maggots which were removed but this time the maggots were larger than the previous ones and measured about 3X6 mm. Since the ulcer was close to the urethra, use of turpentine oil was avoided as it is known to cause urethral stricture. The ulcer had healthy granulation tissue (Fig 2)

The wound was left to heal by secondary intension. Patient remained in the hospital for 12 days and was discharged with advice on personal hygiene to avoid reinfestation.



**Figure 1 (Large arrow showing ulcer and small arrow showing maggot)**

**Figure 2 (Ulcer with healthy granulation tissue)**

## Discussion

Myiasis is infestation by a fly larva (diptera) in vertebrates. Commonly called 'maggots' are larval forms of these flies. Human myiasis is caused by fly larvae capable of penetrating body orifices as well as healthy or necrotic tissue. The fly species that infest healthy tissue are called *Biontophage* and are responsible for the cutaneous form of this condition (furunculoid myiasis). Among these species are *Dermatobia hominis* (the most frequent), *Cochliomyia hominivorax* and *Oestrus* species. The species that infest necrotic tissue (cavitary myiasis) include the genus *Sarcophaga*, *Lucilia*, *Callitroga* and *Musca*, as well as the *Musca fannia* species.

Myiasis occurs predominantly in rural areas and is associated with poor hygiene practices and low educational status (Mauro. R.L. Passos et al., 2002).

Prognosis is generally good, treatment consists of removal of the parasitic larvae and thorough cleansing of affected area. Complications include secondary infections and tetanus.

As poor hygiene is known to be associated with vulval myiasis, washing and keeping the genital area clean may prevent to a great extent the occurrence of this condition.

The patient referred in this article had low educational status and had very poor hygienic habits. In our opinion, the fly that deposited ova on the genital region was attracted by the odor caused due to poor hygiene. Since they were not being cleaned the larvae grew and led to inflammatory process.

**References:**

1. Atapattu.H.D.P. (2010):A case of vulvar myiasis. Sri Lanka Journal of Obstetrics and Gynaecology.,32(1): 21-22.
2. Kulkarni. S., Joshi. S., Bhalerao. A., Chopde. Y., Somalwar. S. (2012):Myiasis: A Boon or a Bane?.Journal of South Asian Federation of Obstetrics and Gynaecology.,4(2):116-117.
3. Mauro. R.L. Passos., Renata. Q. Varella., Rogério. R. Tavares., Nero. A. Barreto., Cláudio. C.C. Santos., Vandira. M.S. Pinheiro., Renato. S. Bravo. (2002): Vulvar myiasis during pregnancy. Infect Dis Obstet Gynecol.,10(3):153–158.