Case Of Intestinal Myiasis In Darchula

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Abstract

A Case of Intestinal myiasis in a 21 year old male patient is reported along with brief review of the subject and possible management.

Clinical Presentation

In 1 year period approx. 100 patients complained in Out Patient department of Darchula Hospital that they used to pass black headed small worm in stool. They further complained that the worm used to appear in stool very irregularly in large numbers. Most of the affected persons were non-vegetarian adult male & female. In one family of 7 members 5 were suffering with it. Health workers working in different parts of Darchula also confirmed that they used to see above mentioned cases. All of the sufferers advised to collect and bring the stool sample carefully, but many were reluctant for stool examination and nothing found from few samples we examined in hospital laboratory.

Finally Mr. Thagunna aged 21 year male of district office (Darchula) brought a sample in which there were visible black headed, motile, whitish, cylindrical, segmented, legless 8-10 mm wide & 25-30 mm long worm containing stool sample. Some of them were hair less and some had rows of small hairs on microscopic examination. Mr. Thagunna came to OPD of hospital one week back and had persistent nausea, burning pain in abdomen, frequent watery loose motion, anorexia and burning sensation throughout the body along with seeing of black headed worms in stool. He was found in good health with no lesion in perianal, nasopharyngeal as well as other parts of the body. Same sample brought in Central Health Laboratory, Kathmandu confirmed that it contained fly larvae.

Other patients treated with mebendazole, piperazine and pyrantel pamoate, but they did not expel the maggots.

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Case Discussion & Review

Myiasis is defined as the infestation of living animals with the larvae of Dipteran flies. More than 40 species of fly have been recognised as to cause intestinal and bladder myiasis. Dipteran flies that are responsible for myiasis of all types are classified as below:—

- a) Obligatory Myiasis:— In this type larvae are produced only in living tissues.
- b) Facultative Myiasis:— In this group larvae are produced in decaying tissues or wounds.
- c) Accidental Myiasis:— In this type larvae grow in intestine and bladder.

There is a chance that the larvae can enter the rectum during defaecation if a fly deposits eggs in anal canal but it is possible with persons having very low general condition only. It is unknown how the larvae & eggs escape from breakdown by gastro-duodenal enzymes. It is also said that they grow in between the folds of intestine and produce ulceration.

The possibilities of transmission searched in local communities of Darchula & in a survey of flies only 4 types of flies found locally. Most probably Metallic blue fly of chrysoma species were responsible for myiasis in that area. The remarkable point is that these flies are commonly seen over carcasses of slaughtered animals for meat. Animals are slaughtered openly and these flies lay eggs in carcasses. The general practice in Darchula is that they like to eat uncooked meat. I think that the larvae or eggs escape, if they are in between the fat pieces. Another interesting finding is that blue flies are found even in the snowing weather as well, and they are slightly bigger than house flies.

Maggots expel if the patients are given castor oil orally, most probably from its lubricating effect.

Case Summary

A case of intestinal myiasis found in Darchula Hospital & most probably diagnosed and reported for the first time in Nepal.

Acknowledgement

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