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Case report

Maggots in prolapsed uterus – Polluted progress of life style

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ABSTRACT

Myiasis is infestation by dipterous larva that thrives on host's living or necrotic tissue and cause massive tissue infection. We present a case of Myiasis in uterine cavity of a prolapsed uterus of a 77-year-old multiparous lady of West Midnapore District, West Bengal, India. It is a very rare case as only a few reports have been previously published in literature. She had presented with genital pruritus and vague perennial discomfort for last 1 month along with bleeding and foul smelling discharge from vagina for last 2 days. Pelvic examination revealed 'Stage-IV' genitourinary prolapse according to POP-Q classification, with a big excavatory ulcer indwelled with maggots of *Musca domestica*. About 80 to 90 such maggots were subsequently manually removed with a forceps under anaesthesia. She was advised to undergo definitive surgical treatment for prolapsed uterus. Owing to very low socio-economic condition or for the fear of the operation, the patient ultimately never turned up.

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Introduction

Myiasis is defined as infestation of live human or vertebrate animals by dipterous larva, that thrives on host's living or necrotic tissue, liquid body substance or ingested food. It can cause massive tissue infection of the host accompanied by severe inflammatory reaction and secondary bacterial infection. Cutaneous Myiasis is the most common form, as the condition occurs in exposed areas of the body. We present a case of Myiasis in uterine cavity. It is a very rare case as only a few cases have been reported previously in literature.¹

Case report

A 77-year-old multiparous, para 3, lady, coming from a remote village of West Midnapore District, West Bengal, India

presented at the outpatient department of Midnapore Medical College and Hospital, with genital pruritus and vague perennial discomfort for last 1 month along with bleeding and foul smelling discharge from vagina for last 2 days. She neither had any symptoms of urinary discomfort nor had any painful lump in the groin due to inflamed lymph gland. Personal history revealed that she was very poor and uneducated; did not use to have bath for several days; used to defecate in the open and lived in very unhygienic condition. Pelvic examination revealed 'Stage-IV' genitourinary prolapse according to ICS staging system or POP-Q classification, with a big excavatory ulcer involving the whole of dependent part and external os. The prolapsed uterus was non-reducible due to inflamed, oedematous vaginal mucosa. On close look, there were several 10 to 12 mm white maggots of *Musca domestica* crawling inside and some projecting out from the ulcerated prolapsed uterus. The patient was then admitted and routine

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Fig. 1 – Indwelling maggots in the decubitus ulcer of a prolapsed uterus.

Fig. 2 – Removed maggots in Petri-dish.

investigations were done. However all the investigations including blood sugar, VDRL, HIV tests were normal except Hb % was 8.6 gm%. The patient was then treated symptomatically with Broad spectrum antibiotics, analgesic-anti inflammatory agents, 2 units of blood transfusion as well as antiseptic dressing of the ulcerated area. On the 3rd day the patient was taken to the operation theatre and under general anaesthesia, ether and hydrogen peroxide was instilled locally. This forced many maggots to come out from deep inside the prolapsed uterus (Fig. 1). They are subsequently manually removed with a forceps. About 80 to 90 such white larvae were removed (Fig. 2). Unfortunately we missed the definite entomological evaluation which should be performed in a setup like our Medical College. After alleviating all the symptoms she was discharged with the advice to report to OPD after 1 month. On follow up, after 1 month, she was found symptomless and free of any maggots; the ulcer almost healed completely. She was advised to undergo definitive surgical treatment for prolapsed uterus. Owing to very low socioeconomic condition or for the fear of the operation, the patient ultimately never turned up.

Discussion

Myiasis, a parasitic disease of humans and animals, is caused by the larvae of 50 fly species. The sites commonly involved are nose (81%), ear (11%), tracheostomy wound (5%), face (1%), gums and serous cavities (1%).² Although urinary Myiasis is well recognised, genital Myiasis is a rare occurrence. It is usually associated with poor general health and hygiene, restricted mobility, prolapsed and ulcerating lesions.³

The removal of indwelling maggots is very difficult and needs patience as these larvae penetrate deep into the tissue aided by sharp mouth hooks and anchoring intersegmental spines. Several irritant substance like chloroform and turpentine oil (1:4), ether, ethylene chloride, lidocaine etc., in

literature were used in order to make the removal of larvae easy.⁴ We had used ether along with hydrogen peroxide here to facilitate manual removal.

The progression of life style is depends upon country's economy and India's economy, Asia's third larger is growing very fast according to the stock market. Still roughly 1.2 billion people live in grinding poverty, with millions living in slums or on the sidewalk. Not only on economy, progression of life style is depends also on the education which enables a person to realise his or her personal hygiene; to think good for self or others; develop civic sense; judge independently to avail the healthcare facilities at proper time. But where more than 50% of girls fail to enrol in school why not such a rural, uneducated, poor woman would present with such a unique presentation like 'maggots in prolapsed uterus'? The real picture is the progression of economy and education remains concentrated among a few people of our country. Eventually depriving the rest of them we are polluting our progress. Anyway, this case emphasizes the need for good hygiene, sanitation and health education in tropical countries like India, with high fly population.

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