

Cutaneous myiasis in a traveller returning from Argentina

Di Tullio Francesca,¹ Mandel Victor Desmond,¹ Miglietta Roberta,¹ Pellacani Giovanni¹

¹*Dermatology Unit, Surgical, Medical and Dental Department of Morphological Sciences Related to Transplant, Oncology and Regenerative Medicine, University of Modena and Reggio Emilia, Modena, Italy.*

Results

In returning travellers, dermatologic diseases are the third most common problems and myiasis accounts 7.3-11% of cases. We present a case of furuncular myiasis in a 52-years-old Caucasian man returning from a 1-month trip to Argentina. Clinical examination revealed an about 2 cm large erythematous, painful, poorly delimited, tender nodule on the left cheek with a small pore on top through which a serous fluid drained. Moreover, patient described a movement sensation inside the nodule. Diagnosis of myiasis was made. The lesion was firstly squeezed and then incised in order to extract the larva, but these procedures resulted unsuccessful. Subsequently, it was indicated patient to apply an ointment on the lesion to determine the asphyxiation of the parasite and make the extraction easier. Pain did not make possible to remove the larva, so the patient, for psychological reasons, insisted on excision of the lesion. Therefore, we proceeded with local anaesthesia and surgical removal of the nodule containing the maggot. The larva was excised and identified as *Dermatobia hominis* due to the presence of rows of dark brown, caudally pointing, barblike spines. Since myiasis is uncommon in Europe, it is frequently misdiagnosed and its recognition is often delayed. Due to the continuous growth in international tourism, it is very important for Western dermatologists to become familiar with myiasis and consider this diagnosis in case of furuncle-like lesion, resistant to antibiotics in returning travellers. Moreover, travellers to endemic areas should be informed of preventive measures to reduce mosquito bites and transmission of the infestation.