



Pseudointestinal Myiasis Treated as Helminthic Infection for Four Years

BS Nagoba, AR Hartalkar, PB Kendre, SP Selkar, BD Adgoankar, Sarita B Mantri

MIMSR Medical College and YC Rural Hospital, Departments of Microbiology and Surgery, Latur, India

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ABSTRACT

We report a case of pseudointestinal myiasis treated as helminthic infestation for years together with antihelminthic treatment for many times. Careful examination of faecal sample and clinical examination helped to confirm the diagnosis indicating that use of accurate diagnostic tools plays an important role in the confirmation of disease and forms an important part in further planning of appropriate therapy and to avoid unnecessary use of incorrect therapeutic approach.

Key words: Intestinal myiasis, pseudointestinal myiasis, helminthic infestation

Dört Yıl Boyunca Tedavi Helmitik Enfeksiyon Olarak Tedavi Edilen Psödointestinal Myiazis

Bu makalede 4 yıl boyunca helmitik istila düşünülerek birçok kez antihelmitik tedavi alan psödointestinal myiazis olgusunu sunduk. Dikkatli gaita örneği incelemesi ve klinik muayene teşhisini doğrulamamıza yardımcı oldu ki bu da hastalığın teşhisinde uygun tanışal araçların kullanılmasının önemli rol oynadığını, uygun tedaviyi planlamada önemli bir parça oluşturduğunu ve uygun olmayan tedavi yaklaşımlarının gereksiz kullanılmasından koruduğunu göstermiştir.

Anahtar kelimeler: Intestinal myiasis, pseudointestinal myiasis, helminthic infestasyon

Correspondence: Dr. B. S. Nagoba
Assistant Dean, Research & Development,
MIMSR Medical College & YC Rural Hospital, Latur (India)

GSM: 9109423075786

E-mail: dr_bsna^go^ba@yahoo.com
bsnagoba@indiatimes.com

INTRODUCTION

Intestinal myiasis is an accidental phenomenon which occurs when eggs are ingested in food and passed into the faeces as larvae. It is usually transient and asymptomatic (1). Intestinal myiasis is a disease of devel-



Figure 1. Small worms like structures in stool specimen of patient

oping countries where sanitation and hygiene are poor (2-4). It is the infestation of live human being and vertebrate animals by dipterous larvae. Most of the times, it is misdiagnosed as helminthic infection because of passage of small, white larvae resembling worms and is treated as helminthic infestation to which patient does not respond and keeps on changing the doctors with a label of helminthic infection from one hospital to another hospital. Hence, accurate diagnosis by using appropriate laboratory methods forms an important part in differentiation it from helminthic infection. The confirmation of whether the myiasis is the real cause or is it pseudomyiasis? is also the most important part before starting the appropriate therapy.

Myiasis is an infestation by dipterous fly maggots. Intestinal myiasis is an accidental myiasis in which eggs or larvae ingested accidentally are not destroyed in the intestine. The larvae mature in the gut and produce symptoms as abdominal pain, vomiting, diarrhea or even ulceration. Severe nervous symptoms because of anxiety may also be seen. Intestinal myiasis caused by various species of larvae has been reported in the past from India (5-8). However, to the best of our knowledge, till date, no case of pseudo-intestinal myiasis has been reported.

In this report, a case of pseudo-intestinal myiasis, which is diagnosed and treated as helminthic infection for years together, is reported.

CASE

A 25- year old male, agricultural worker, staying in farm-house and defecating in open air, presented with a history of frequent passage of small worms in his stool since four years. The patient had no history of loose stools, pain in the abdomen, weight loss or fever. On the basis of history of passing worms in stools he was given antihelminthic treatment by general practitioner but in vain. He kept on changing the doctors for this problem and received antihelminthic treatment for many times. He was advised gastroscopy for this problem by a physician, which showed normal findings, but his problem was not solved. He also opted for Ayurvedic (Indian traditional system) Basti treatment (Medicated oil enema) but his problem continued in spite of this treatment. Finally he approached Dept. of Microbiology for confirmation of diagnosis. Examination of patient at out institute revealed an averagely built and reasonably nourished individual. The patient was not having any problem except for the fear of passing worms in his stool and psychologically much worried about it. There was no pallor, clubbing, icterus, lymphadenopathy or pedal edema. Examination of abdomen and chest showed normal findings. There were no markers of malnutrition. Faecal sample and swab from patient showed no ova/ cyst/larva/adult worm/segments of adult worm.

After eight days, the patient brought his stool sample, which showed presence of small cylindrical larvae about 1 - 2 cm long (Figure 1). The patient was asked to bring fresh sample in the hospital itself, which was found negative for parasitic elements. Taking into consideration the defecation habits in open air, he was advised to protect faeces from flies after defecation by using sieve for 15 days and to observe for white worms with and without protection of faeces. Examination revealed presence of worms in unprotected faeces, however no worms were seen in faeces protected with the help of sieve for 15 long days. Thorough counseling of patient was done to correct his psychology. The patient was explained regarding why the worms appear in his stool. Because of incorrect diagnosis since beginning, the patient had to keep on changing the doctors and also had to face psychological problems and financial loss for four long years for no reasons.

DISCUSSION

Intestinal myiasis is an accidental myiasis in which eggs or larvae ingested accidentally are not destroyed in the intestine. It is very rare infestation caused by dipterous fly maggots (1-8) and often misdiagnosed and treated as helminthic infestation. In the present case, the patient was neither suffering from myiasis and nor from helminthic infestation, but in spite of that the patient received loads of antihelminthic drugs for years together because of incorrect clinical and laboratory diagnosis.

Careful examination of faecal sample and clinical examination helped to confirm the diagnosis indicating that use of accurate diagnostic tools plays an important role in the confirmation of disease and forms an important part in further planning of appropriate therapy and to avoid unnecessary use of incorrect therapeutic approach.

REFERENCES

1. Aguilera A, Cid A, Regueiro BJ, Prieto JM, Noya M. *Intestinal myiasis caused by Eristalis tenax*. *J Clin Microbiol* 1999;37:3082
2. Mandal GL, Douglas RG, Bennett JE. *Principle and Practice of Infectious Diseases*. London: Churchill - Livingston, 1990. p. 1600-1604
3. White GB. *Ectoparasites*. Cook CC, Zumla A, eds. *Manson's Tropical Diseases*. 21st edition. London, Saunders, 2003. 2166 -2167
4. Shegal R, Bhatti H, Bhasin D, et. al. *Intestinal myiasis due to Musca domestica : a report of two cases*. *JPN J Infect Dis* 2002;55:191-192.
5. Singh S, Samantaray JC. *Human intestinal myiasis*. *J Assoc Physicians India* 1988;36:741-2.
6. Sood A, Mahajan R, Varshney P, Chawla LS, Singh A. *Intestinal myiasis-report of two cases*. *Indian J Gastroenterol* 1994;13:28.
7. Shenoy S, Prabhu G, Rao PN, Venkatramana DK, Rajan R, Narayanan L. *A case of intestinal myiasis*. *Trop Doct* 1996;26:142.
8. Bhatia RS. *Accidental intestinal myiasis*. *J Assoc Physicians India* 1989;37:403-5.