



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

FORUNCULAR CUTANEOUS MYIASIS DUE TO DERMATOBIA HOMININIS

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Background: Cutaneous myiasis is caused by the human botfly *Dermatobia hominis* and involves the infestation of tissue with dipterous fly larvae, commonly in neotropical regions. The principal clinical types are wound and furuncular myiasis. Although there are several clinical forms, the most common ones observed in returning travelers are furuncular myiasis caused by *Dermatobia hominis* (human botfly) from South and Central America and *Cordylobia anthropophaga* (tumbu fly) from tropical Africa.

Observation: A 43-year-old male, from the jungle near Cuzco, with symptoms manifesting for approximately 1 month, reported mosquito bites on his body, one of the, on his left leg, evolved into a painful papule, which was manipulated and drained a yellowish secretion producing a wound that did not heal. Patient took analgesics and cured the wound with hydrogen peroxide without improvement. On examination: erythematous nodule with a central hole covered by a crust on his anterior leg, periphery phlogosis, edema painful on palpation. When the scab was removed, bubbling serous secretion was seen, the dermoscopy showed a whitish punctate structure that protruded. Eosinophilia 10%. Skin biopsy showed acanthosis, mild superficial perivascular lymphocytic infiltrate, severe deep lymphocytic infiltrate with eosinophils and polymorphonuclear cells. Oral uinolone antibiotic for 7 days was prescribed, resulting in improvement of signs of phlogosis, but the nodule persisted. After covering the lesion with petroleum jelly for 24 hours, a whitish elongated structure with little mobility, resembling a larva, was observed. After local anesthesia using 1% lidocaine, a spindleform incision near the central pore was made, and the larva was removed completely. Two doses of Ivermectin were prescribed orally and the wound healed completely.

Key message: This infestation, particularly the forunculoid clinical variety, can be misdiagnosed. The history of the bite and pain level, should be taken into account. Dermoscopy facilitates an early diagnosis and prevents unnecessary treatments.

