



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

OTOMASTOIDITIS SECONDARY TO MYIASIS INFECTION: EXUBERANT CLINICAL

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Background: Myiasis is characterized by infection by the presence of fly larvae in tissues and organs of humans, and may be primary (furunculoid) in which flies deposit their eggs directly into the undamaged skin or secondary (cavity) where the eggs are deposited directly on wounds, mucosa or ulcerated cavities. It mainly affects individuals from underdeveloped countries where poorer hygiene conditions are present. Otomastoiditis occurs due to the severe inflammation that extends from the tympanic box to the mastoid with interruption of the septum.

Observation: Woman, 61 years old, with schizophrenia, presenting a tumor in the right ear and presence of multiple myiasis for 30 days, affecting auditory conduit, atrial soft parts and Peri-auricular, besides the evidence of otomastoiditis secondary to intense infestation by the larvae of the myiasis, as shown in computed tomography of the skull. Manual extraction of more than 300 larvae was carried out and antibiotics, Ceftriaxone and Clindamycin were instituted for 6 weeks, and the patient evolved well clinically and with good scarring of the right ear.

Key message: The larvae of *Cochliomya hominivorax* and *Dermatobia hominis* are the main causes of human myiasis in America. The diagnosis is clinical by means of the identification of the larvae in the affected area and the treatment consists of the manual extraction of the larvae and the use of oral ivermectin. Otomastoiditis caused by myiasis is rarely mentioned in the literature, the reported cases were justified by the local exudate odor, attracting the fly to the auditory conduit leading to infection, chronic otitis media and bad sanitary conditions being the main triggers of the disease, the early treatment is required due to risks of transverse sinus thrombosis, meningitis, facial paralysis, intracerebral abscesses which are its most feared complications.

