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Ocular Myiasis

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Myiasis is essentially a disease of the tropics like India. It is most commonly caused by a fly *Chrysomyia bazzina* whose larvae are creamy white in color(1), the other flies which may be responsible include–*Oestrus ovis, Hypoderma bovis, Wohlfahrtia magnifica, Cochliomyia hominivorax, Dermatobia hominis(2), Rhino-estrusbovis, Hypoderma lineata* and *Gastrophilus intestinalis(3)*. This had predilection for the nose, ear and the trachea in that order. Other sites including the eye are rarely affected(4). We report a case of maggots affecting the upper eye lid.

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Case Report

A 1½-year-old female child belonging to a poor farmer's family presented in the month of October with infected wound and maggots on the right upper lid. Child had a small boil and fever of moderate grade 20 days back. The parents, however, took no treatment. Three days prior to admission the maggots made their appearance. On clinical examination there was marked edema and a small ulcer was seen over the upper eye lid. Creamy white maggots were seen crawling in the ulcer area. The skin around it was red, swollen and tender. The palpebral fissure was reduced but the eye movements were normal. *X*-ray orbit revealed no abnormality. The child was put on amoxicillin and ibuprofen. Twenty five maggots were manually removed with the help of an aural forceps spread over 3 sittings. The wound healed in 10 days. At subsequent follow up one month later, the child was absolutely normal.

Discussion

Myiasis has a seasonal variation, the peak being from September to November(1) as in the present case. All cases come from the low socio-economic class of society with grossly unhygienic living conditions. Nearly 85% of them belong to the

rural areas and have a poor nutritional status(1,5) as seen in our case. In children, aural myiasis is more common with 75% cases being less than 10 years and one third even less than 2 years(4). However, myiasis involving the eye is generally secondary to nasal myiasis. Maggots from the nose erode the mucous membrane and bones of the nasal cavity and spread to the eye lid and cheeks(6). However, nose in the present case was normal. The infected wound on the eye lid with purulent discharge attracted the flies which laid their eggs and subsequently developed maggots. Treatment described includes getting the maggots to the surface after pouring water locally and then manually removing them(3). Others have used 10% cocaine to paralyse the maggots and then removed them manually(7). Simple manual removal is as effective and our patient was made maggot free in 3 sittings. Antilarval measures like ether(4), terpentine oil(1) and mixture of chloroform and terpentine oil in the ratio of 1 : 4(5) were purposely avoided in this child to prevent spill over and possible deleterious effects on the eye. Interestingly, in one instance the larvae of the fly *Dermatobia hominis* was excised because it resembled and was mistaken for a large chalazion(7).

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Japanese Encephalitis– An Encephalomyelitis

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Over the last 2 decades Japanese encephalitis (JE) has assumed great importance as a preventable killer disease in the Indian subcontinent(1). The disease is endemic in the Lucknow region where cases are seen all round the year with a peak in the late monsoon and early winter(2,3). The purpose of this communication is to present 3 patients with unusual findings suggesting that the agent may occasionally

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