Souvenirs de vacances...

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History
• A 67-year old woman presented who just arrived from a holiday in Mexico. She complained about 3 skin lesions showing episodic lancinating pain, as she thought occurring after insect bites. One lesion was located on the left wrist. The 2 others lesions were localized on the left shoulder. The patient consulted a hospital in the UK on the trip back to Switzerland because of progressive enlargement of the skin lesions with additional fever and reduced general condition. A treatment with flucloxacillin was introduced, without success.

Examination
• The patient presented in good general condition, without fever. There was a 2 cm painful subcutaneous nodule with surrounding erythematous area and central hemorrhagic crust at the volar side of the left wrist (Fig. 1.). Scant serosanguineous fluid drained from the lesion. At the left shoulder two smaller similar nodules measuring about 1 cm each were visible. There were no signs for lymphangitis and no axillary, cervical or cubital lymphadenopathy.

Investigations
• Laboratory: CRP<4mg/L, leucocytes 5,3 G/l
• Negative Rickettsial serology
• Skin biopsy:
  • Negative real-time PCR Leishmania spp.
  • Negative for bacteria, mycobacteria, Nocardia spp. and fungi
  • Dermal lymphocytes, neutrophilic and eosinophilic granulocytes and histiocytes

Diagnosis
• During an episode of intense pain the patient achieved to extract an intact larva (Fig. 2) and allowed to diagnose a myiasis.

Fig. 1.

Fig. 2.

Discussion
• Myiasis is defined as the infestation of live vertebrates with dipterous larvae. The Diptera is a large order of insects that are commonly known as true flies. The distribution of human myiasis is worldwide, with more species and greater abundance in poor socioeconomic regions of tropical and subtropical countries. Based on anatomical classification our patient presented a cutaneous myiasis from furuncular subtype which occurs after the penetration of the dipteran larva into healthy skin and subsequent nodule development. Diagnosis is based on identification of the larva after killing it by immersion for 30 s in very hot water and preservation in a solution of 70% to 95% ethanol. Therapy consists to force the larva to emerge to enable a vigilant patient or physician to grasped it. Liquid paraffin, petrolatum, bacon, fingernail or adhesive tape can be used to occlude the skin lesion impeding the larva to breath and forcing it to escape to the surface.

Conclusion
• Increasing international travel both for tourism and for business implicates myiasis knowledge, especially in countries like Switzerland where cases are rare and perceived as exotic.

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