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Otic myiasis. Case report

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KEYWORDS
Myiasis;
External auditory canal;
Auricle

Abstract
Otic myiasis is rare in developed countries and is related to environmental conditions and poor hygiene. We present the case of a 65-year-old woman with pain and tinnitus in the left ear lasting for 1 week. Physical examination in the emergency room showed numerous dipteran larvae totally occupying the external auditory canal. Following diagnosis of otic myiasis, the larvae were removed and the patient was discharged after 24 hours of medical observation. The diagnosis of otic myiasis is by means of direct visualization of the larvae in the ear cavities and treatment includes the removal of larvae from the ear. Prognosis is generally good.

PALABRAS CLAVE
Miasis;
Conducto auditivo externo;
Pabellón auricular

Miasis ótica. A propósito de un caso

Resumen
La miasis ótica es una enfermedad que se relaciona con condiciones ambientales e higiénicas deficientes y es muy poco frecuente en los países desarrollados. Presentamos el caso de una mujer de 65 años de edad que acude al servicio de urgencias del hospital por presentar otalgia y acúfenos en el oído izquierdo de una semana de evolución. La exploración mostró ocupación total del conducto auditivo externo por larvas de dípteros. Tras el diagnóstico de miasis ótica, se procedió a la extracción de las larvas y se sometió a observación durante 24 h antes del alta definitiva. El diagnóstico de la miasis ótica consiste en la visualización directa de las larvas en las cavidades óticas, y su tratamiento incluye la extirpación de las larvas de las cavidades del oído; generalmente el pronóstico es favorable.

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Figure 1 Larvae in the ear.

Figure 2. Larvae in the external auditory canal.

Case Report

Female, 65 years of age, who attended the clinic for otalgia, hypoacusis, and tinnitus in the left ear, lasting for approximately 7 days. Examination showed numerous mobile larvae of diptera in the shell of the auricular pavilion (Figure 1) and the left external auditory canal, which even occluded it completely (Figure 2). We proceeded with extraction of the larvae, and subsequently observed a slight oedema in the duct; the tympanic membrane was complete. CT scans showed no significant alterations. The patient was under observation for 24 h and received oral and topical antibiotic therapy. The larvae extracted were identified by the microbiology department as belonging to the species *Chrysomya bezziana*. After 7 days, the patient's otologic exploration was normal.

Otic myiasis presents in the context of poor social and hygienic conditions. Flies carry out the deposition of eggs, attracted by the smell of decomposing matter, and these hatch in 24 or 36 hours, with larval development completing in 7 days. In this state they release collagenases that cause inflammation of the surrounding tissue. Occasionally, the larvae can invade the cranial cavity, a situation entailing a mortality rate of 10% Treatment consists in direct extraction of the larvae and topical or general antibiotic therapy. Surgery may be required in cases involving the cavities of the middle ear or intracranial involvement, in order to allow access and treatment of the areas affected.

Conflict of interests

The authors have indicated there is no conflict of interest.

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