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Images in Clinical Tropical Medicine

External Ophthalmomyiasis

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A 14-year-old Afro-Ecuadorian girl from a rural district in Ecuador, Esmeraldas Province, presented with a pruritic lesion on the right upper eyelid that had been present for 1 week. Despite initial empirical beta-lactam therapy and anti-inflammatory treatment, there was progression of swelling along with new purulent discharge. The patient exhibited no systemic symptoms. Detailed right eye examination showed a palpable, mobile, nontender mass in the upper eyelid, which was responsible for mechanical ptosis without visual impairment and visual acuity 20/40 with manual elevation of the eyelid (Figure 1). A circular hyperpigmented lesion was observed on the tarsal conjunctiva. Initial diagnoses included stye and eyelid abscess. Imaging revealed a lobulated soft-tissue lesion with intralesional gas (Figure 2). Empirical intravenous beta-lactamase antibiotics were initiated.



FIGURE 1. Right upper eyelid swelling with marked ptosis, accompanied by localized erythema and anterior eyelid inflammation.

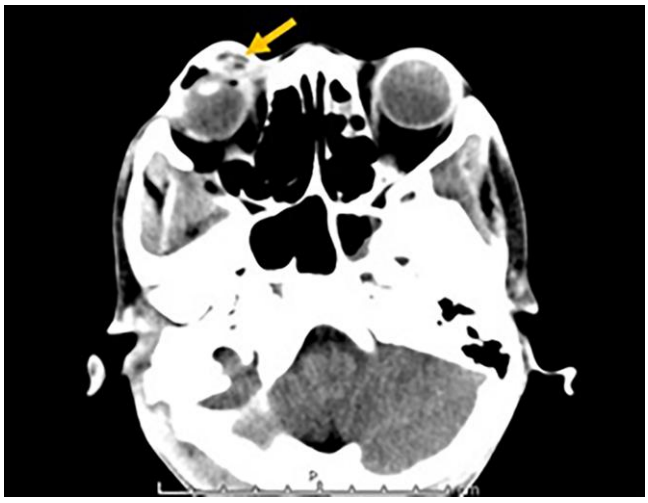


FIGURE 2. Axial orbital CT scan demonstrating right upper eyelid preseptal thickening and a lobulated soft-tissue lesion containing small intralesional gas foci (arrow), without evidence of intraorbital extension.

Eyelid eversion revealed a corneal ulcer (Figure 3) with a conjunctival protruding cystic structure suggestive of myiasis. A live larva measuring approximately 1 cm in length with numerous embedded black spines was removed (Figure 4). Histopathological examination confirmed myiasis; bacterial cultures were negative. The diagnosis was confirmed as palpebral cutaneous myiasis with superficial keratitis.

Myiasis is a dipterous larval infestation common in tropical regions, including Ecuador.[1] Ocular involvement is uncommon, which can result in delayed diagnosis.[2,3] With orbital and palpebral involvement, if the larvae are not removed, complications may ensue.[4,5] It is important to recognize this syndrome early to prevent ocular sequelae.[3]

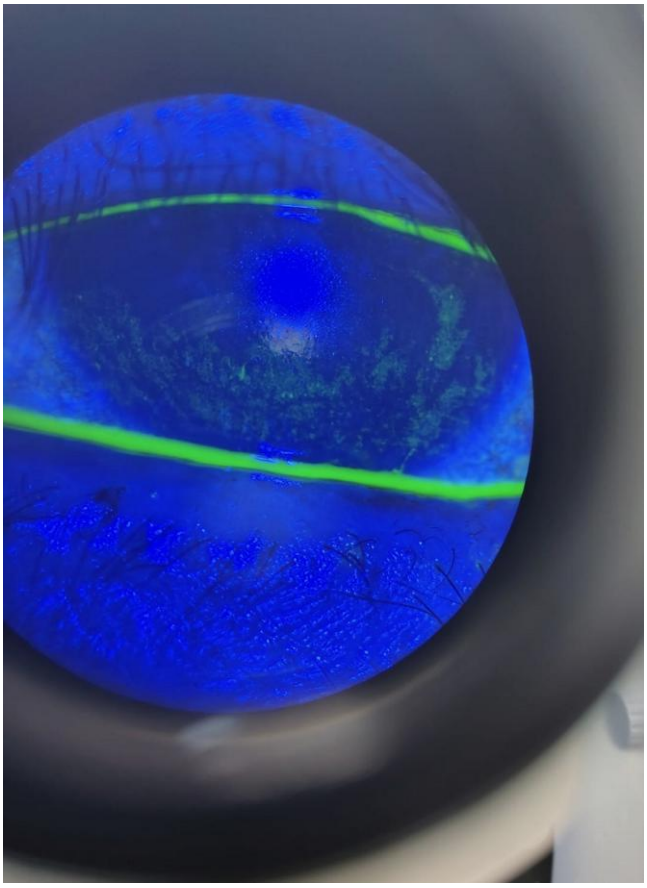


FIGURE 3. Slit-lamp examination with fluorescein staining under cobalt blue illumination, revealing diffuse punctate corneal epithelial staining and surface irregularity.

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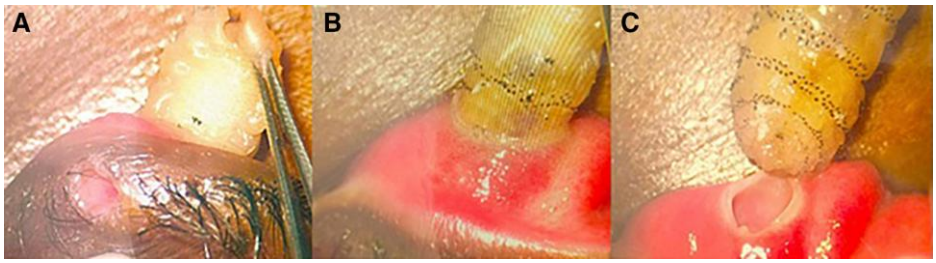


FIGURE 4. Right upper eyelid findings during evaluation and management: (**A**) conjunctival ulcer with a protruding larva; (**B**) larva partially extracted with forceps; (**C**) postextraction ulcer cavity showing exposed tissue.

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