Is There Any Larva?

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A 7-year-old healthy boy was admitted to the emergency room after returning from Fogo (Cape Verde) two weeks before. He presented with a 13 day history of gradually enlarging painless and no pruriginous erythematous papular lesions with central ulceration on the left buttock (Fig. 1). The examination revealed five furuncular lesions. A larva emerging from one was observed (Fig. 2) and a diagnosis of furuncular myiasis by *Cordylobia anthropophaga* was made. The patient was referred to post-travel consultation and reported complete clinical resolution.

Furuncular myiasis is an infestation of the skin by fly larva with the highest incidence in the tropics. It is a form of cutaneous myiasis and is the most common presentation in returning travelers. In Africa, the major agent is *Cordylobia anthropophaga* (tumbu fly).[1-4] The flies lay their eggs in the shade on dry sand or clothing and the larva penetrate the skin and reach maturity in about eight days. Any area of skin may be affected, especially the buttocks and back. Children are particularly susceptible because of the thinner skin of infants and the lack of immunity. Poor hygiene, low socioeconomic status, and the rainy season are risk factors.[2,4]

Diagnosis is clinical, frequently based on exposure history. A typical lesion is one or more papules or nodules ranging from 0.2 to 2 cm with a central pore – the larval caudal spiracle – that exudes a serosanguineous fluid (Fig. 3). Pruritus and movement sensation under skin or pain are common symptoms.[2,3,5] Laboratory examination is usually normal. Dermatoscopy and ultrasound with color Doppler can be useful.[2,4,5]

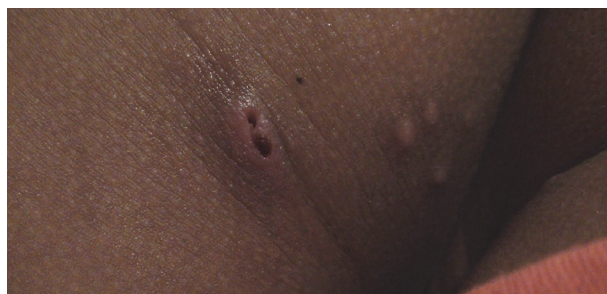

Figure 1. Left buttock furuncular myiasis.

Figure 2. *Cordylobia anthropophaga* larva.

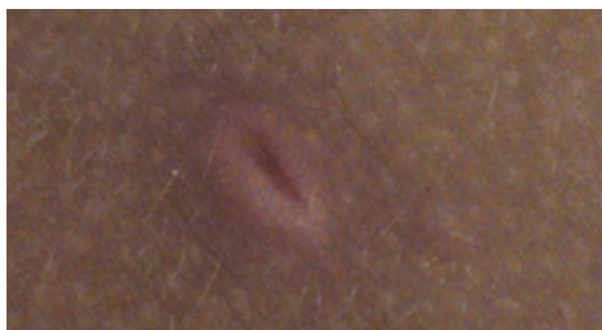

Figure 3. Typical furuncular myiasis lesion.

Removal of the intact larva is curative. Can be done through mechanical removal or occlusion of the pore with petroleum jelly, liquid paraffin, or adhesive tape.[3,4] Preservation should be done in alcohol, after a hot water immersion for 30 s. Lesions usually heal completely.[2] Preventing exposure is crucial in travelers.[1]

Keywords: Child; Larva; Myiasis/diagnosis; Travel-Related Illness

WHAT THIS REPORT ADDS

- Furuncular myiasis is the most common type of myiasis in returning travelers, and its typical presentation is a furuncular lesion with a central pore.
- In Africa, the major agent is *Cordylobia anthropophaga*.
- Removal of the intact larva is curative, and lesions usually heal completely.
- Explaining preventive measures before traveling is crucial.

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Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

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