



A Case of Umbilical Myiasis in a Neonate

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

This is an interesting case of myiasis found in the umbilicus in an eight-day-old infant with successful treatment. Because of its connection to the vital abdominal organs, any suspicion of infections around the umbilicus always requires immediate medical attention.

Keywords: Myiasis; neonate; umbilical; flies infestation.

1. INTRODUCTION

Myiasis is the infestation of fly larvae. It usually occurs in animals. Umbilical myiasis is a rare occurrence in neonates, and few cases have been reported. It happens because of unhygienic cord practices. The condition should be treated in time as it can lead to complications like omphalitis and septicemia. Treatment is the removal of the maggots and treating associated infections.

2. PRESENTATION OF CASE

An eight-day-old male neonate from a rural area presented to us with the chief complaints of a foul-smelling discharge from the umbilicus and something coming out around the umbilical region. He was born at term by normal delivery and had a birth weight of 2800 gm. The perinatal period was uneventful, and the baby was discharged after 48 hours of life. Mother was

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advised not to apply anything to the umbilical cord. Still, there was a history of ghee application to the umbilical cord immediately after the baby reached home by the grandmother.

The baby was irritable on presentation. He was hemodynamically stable, anterior fontanel was normal. Foul-smelling purulent discharge from the umbilicus and periumbilical redness was present. Multiple maggots were seen coming out of the periumbilical area. The septic screen was negative. An ultrasound scan of the umbilical area showed numerous maggots. Blood culture was sterile, and culture from the umbilical swab revealed *Staphylococcus aureus* growth sensitive to routine antibiotics. The local area was cleaned; we used turpentine to repel maggots. They were then removed with forceps and sent to a public health expert who identified them as larvae of *Chrysomya megacephala*. Intravenous ampicillin and gentamycin were given for seven days. The baby recovered completely and was discharged. On discharge, parents and grandmother were counseled regarding cord care and the importance of keeping adequate sanitation in the home and surrounding areas. There was no sequel on follow-up.

3. DISCUSSION

Myiasis was first used by an entomologist Frederick William Hope to define the diseases caused by an infestation of dipterous larvae. It is

derived from the Greek word *μύια* (*myia*), which means fly [1]. These larvae feed on the hosts live or necrotic tissue [2]. It is more common in animals as compared to human beings. Myiasis occurs in tropical and subtropic areas because moisture and heat aggravate maggots growth in poor hygienic conditions. Cases have been reported in neonates that involved the eyes, ear, nasopharynx, vagina, skin, and intestine [3-8]. Few cases of umbilical myiasis have been published in the literature [9]. It is a type of cutaneous myiasis. Larval forms of *Cochliomyia hominivorax*, *Chrysomya megacephala*, *Musca domestica*, *Cordylobia anthropophaga*, *Sarcophagidae* family flies have been implicated [10-14]. Poor umbilical hygiene, hot and humid climate predispose to this condition.

The skilled birth attendance guidelines in India recommend dry cord care for all births [15]. Ghees application on the umbilical cord has been reported in many communities and has been associated with an increased risk of neonatal tetanus [16].

The female flies lay the eggs on the umbilicus, which hatch into larvae that transfer to pupa. Larvae grow rapidly and reach maturity in 4-8 days [17]. The age of presentation varied from 2 to 20 days of life [12,18]. They penetrate the surrounding skin and cause inflammation. It may cause a secondary bacterial infection or/and sepsis [19].



Fig. 1, 2. Maggots coming out from the periumbilical region



Fig. 3. Maggot

Treatment of the disease consists of excising the gangrenous umbilical cord, cleaning the local area with antiseptics, killing the larvae by suffocating them, and then subsequent removal and treatment of the associated local or systemic infection [20]. These larvae can be repelled with turpentine or ether [9] [12]. Camphorated petroleum jelly has also been used in case of cutaneous myiasis to repel larvae [4]. Our patient responded well with treatment, and there was no sequel on follow-up.

The traditional practice of ghee application on the umbilical cord should be strongly discouraged. After the birth of the baby, in addition to parents, even the mother-in-law needs to be counseled about dry cord care.

4. CONCLUSION

This article stresses the importance of keeping good umbilical hygiene and managing umbilical myiasis in time to prevent life-threatening complications.

CONSENT

All authors declare that 'written informed consent was obtained from the patient (or other approved parties) for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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