

Urogenital Myiasis in Pregnancy - A Rare Presentation

Authors : Madeleine Elder, Aye Htun

Abstract : Background: Myiasis is the parasitic infestation of body tissues by fly larvae. It predominantly occurs in poor socioeconomic regions of tropical and subtropical countries where it is associated with poor hygiene and sanitation. Cutaneous and wound myiasis are the most common presentations whereas urogenital myiasis is rare, with few reported cases. Case: a 26-year-old primiparous woman with a low-risk pregnancy presented to the emergency department at 37+3-weeks' gestation after passing a 2cm black larva during micturition, with 2 weeks of mild vulvar pruritus and dysuria. She had travelled to India 9-months prior. Examination of the external genitalia showed small white larvae over the vulva and anus and a mildly inflamed introitus. Speculum examination showed infiltration into the vagina and heavy white discharge. High vaginal swab reported *Candida albicans*. Urine microscopy reported bacteriuria with *Enterobacter cloacae*. Urine parasite examination showed myiasis caused by *Clogmia albipunctata* species of fly larvae from the family Psychodidae. Renal tract ultrasound and inflammatory markers were normal. Infectious diseases, urology and paediatric teams were consulted. The woman received treatment for her urinary tract infection (which was likely precipitated by bladder irritation from local parasite infestation) and vaginal candidiasis. She underwent daily physical removal of parasites with cleaning, speculum examination and removal, and hydration to promote bladder emptying. Due to the risk of neonatal exposure, aspiration pneumonitis and facial infestation, the woman was steroid covered and proceeded to have an elective caesarean section at 38+3-weeks' gestation, with delivery of a healthy infant. She then proceeded to have a rigid cystoscopy and washout, which was unremarkable. Placenta histopathology revealed focal eosinophilia in keeping with the history of maternal parasites. Conclusion: Urogenital myiasis is very rare, especially in the developed world where it is seen in returned travellers. Treatment may include systemic therapy with ivermectin and physical removal of parasites. During pregnancy, physical removal is considered the safest treatment option, and discussion around the timing and mode of delivery should consider the risk of harm to the foetus.

Keywords : urogenital myiasis, parasitic infection, infection in pregnancy, returned traveller

Conference Title : ICOGRSWH 2022 : International Conference on Obstetrics, Gynecology, Reproductive Sciences and Women Healthcare

Conference Location : Sydney, Australia

Conference Dates : August 30-31, 2022