

## MYIASIS IN NECROTIC TISSUE OF A LEPROSY PATIENT

Sir,

Myiasis is an infestation of various tissues of man by the larvae of flies. Chronic tropical ulcers and necrotic tissue from leprosy or tertiary yaws of the nose and pharynx may be invaded. While I was working at the Leprosy Hospital, Htaukkyant, Rangoon trophic ulcers on legs of leprosy patients were often infested by larvae of flies. Every week one or two cases were seen. This case has probably the highest number of larvae ever recorded.

MTM aged 45, a well-to-do male, had been suffering from borderline leprosy for the past 20 years, and had taken DDS regularly for 10 years. As his skin smears were repeatedly negative DDS had been omitted for the last 4 years.

Following anaesthesia he had trophic ulcers on his leg which often recurred. During the winters of the last three years his ulcer has often been infested with the larvae of flies, about 20–40 in number. The larvae were removed by forceps and the ulcer healed in approximately a month.

This winter his trophic ulcer recurred. In spite of the daily dressing of the ulcer with clean bandages there was discharge outside the bandage. His ulcer had been infested with the larvae of flies from the first week of November 1986. As usual he tried manual removal of larvae by forceps and dressed the wound with concentrated magnesium sulphate solution. His ulcer became more necrotic, more larvae came out, but the wound often bled too. Ten per cent chloroform in vegetable oil was applied as a dressing. The larvae tried to enter the tissue and the patient suffered from severe pain and had to change the dressing the very same night. Later the wound was dressed with normal saline and more larvae came out. It looked as if the larvae came out to external area more easily when a normal saline dressing was used. A total of 912 larvae were extracted in a period of 11 days. They were identified as *Musca domestica*—house fly common in Burma. Nearly half of the leg including all the toes were lost by a short period of myiasis and the patient became very anaemic. Manual removal of larvae by hand was done twice a day. The ulcer was later dressed with concentrated magnesium sulphate solution. It may take another three months for the ulcer to heal, and he will no longer be able to use that leg.

Prevention of trophic ulcer from flies is the important precaution against this unhappy ending.

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