International Journal Dental and Medical Sciences Research
Volume 3, Issue 4, July-Aug 2021 pp 351-352 www.ijdmsrjournal.com ISSN: 2582-6018

A Rare Presentation of Neonatal Myiasis with Cloacal Malformation with Left Ectopic Kidney

Dr. Avinash Bothra, Dr. Bhatt Vivek Prafulchandra, Dr.Naveed Majid Ahmed, Dr. Aishwarya Jain

Assistant Professor Smt. B.K.S Medical Institute &Research Center SumandeepVidhyapeeth deemed to be university
Resident Doctor Smt. B.K.S Medical Institute &Research Center SumandeepVidhyapeeth deemed to be university
ResidentSmt. B.K.S Medical Institute & Research Center Sumandeep Vidhyapeeth deemed to be university
Resident Doctor Smt. B.K.S Medical Institute &Research Center SumandeepVidhyapeeth deemed to be university

Submitted: 20-07-2021 Revised: 29-07-2021 Accepted: 31-07-2021

I. INTRODUCTION:

AuralMyiasis is the infestation of ear by larvae or maggots. Myasis is the infestation of skin by larvae or maggots of a variety of flies. It is a condition that occurs more commonly in adults who are living and/or have visited tropical countries. It rarely occurs in neonates. Anorectal malformations comprise a wide spectrum of diseases and involve the distal anus and rectum as well as the urinary and genital tracts. Defects to those that are complex, difficult to manage, are often associated with other anomalies, and have a poor functional prognosis.[(1)]Cloacal deformity is when the rectum, vagina and urologic structures join into one common channel. It occurs in about 1 in 50000 newborn females.[(2)] This case report describes a very rare presentation of neonatal myiasis due to maggots with cloacal malformation with no separate external anal opening occurring in an 2 days old female .

II. CASE REPORT:

A 2 days old late preterm(35weeks) female neonate was delivered vaginally by multigravida mother at private hospital .Neonate weighting 2.5kg ,Large for gestation age was brought to NICU with history of bloody discharge with emergence of maggots from the left ear since one day. On local examination, left ear canal was full of bloody debris and maggots. ENT reference was done and Removal of maggots was performed by using suction. Then local application of soliwax ear drops and turpentine oil was advised for 3 days. After that there were no discharge or maggots came out of left ear. On review of otoscopy examination Tympanic membrane was intact. On general examination, abdominal distension was present and no external anal opening was visible with single cloaca. Mother had taken regular ANC's at a local hospital. A septic screen for the neonate revealed neutrophilicleucocytosis with a WBC count of 12000 of which 75% were polymorphs, 18% lymphocytes and CRP was 9.85. Hypernatremia (145 mmol/L), and altered Renal function was noted. The blood culture did not yield any growth. Sonographyof abdomen and KUB was suggestive of left ectopic kidney. Exploratory laprotomy with loop colostomy was done for imperforated anus. Partial parenteral nutrition,i.v. antibiotics given for 10 days. After colostomy baby was passing stool normally from colostomy site and gradually feed was started and increased to full feed .baby was taking feed well and tolerating feed well. There was no signs of abdominal distension or feed intolerance. So baby was discharged on oral antibiotics and analgesics with advice of maintaining proper hygiene and colostomy care.

III. DISCUSSION:

Myiasis can be seen in various regions, skin, body cavities, and organs. Aural myiasis can manifest itself in various forms including ophthalmomyiasis, nasal myiasis, urogtenitalmyiasis, intestinal myiasis, and cutaneous myiasis. These patients can present with complaints of sensation of foreign substance in the ear, aural itching, pain, bleeding, tinnitus, hearing loss, and vertigo. In our case, the most important symptom was bloody debris discharge from the ear.Otomyiasis is generally a self limiting disease.Larvae usually leave the host when they become adult larvae. However during this period because of both mechanical effects of larvae, and collagenases they secrete, they induce many complications in the patient. These complications can include perforation of the tympanic membrane, destruction of the middle ear, and mastoid cavity and fatal central nervous system invasion.

Mortality rates of otomyiasis combined with nasal myiasis climb to 8 percent. The most important point in the revention of complications is early diagnosis and eradication of the larvae as soon as possible.The treatment of otomyiasis is basically mechanical cleaning of the airway.literature reviews, the most frequently encountered species of parasites in cases with aural myiasis are cochliomyiahominivorax, wohlfahrtiamagnifica, chrysomyabezziana, chrysomyamegacephala and parasarcophagacrassipalpis.(3) .Female is thought to have "imperforate anus with rectovaginal fistula" when in actuality, all three structures, the urinary tract, vagina, and rectum all meet in a common channel and the baby has a cloaca. The presence of a single perineal orifice is clinical evidence of a patient with persistent cloaca. Patients with these anomalies also have small genitalia. In patients with cloaca, examination of the abdomen may reveal an abdominal mass which likely represents a distended vagina (hydrocolpos). The term cloaca is typically reserved to describe a single channel with a single perineal orifice, classically located on the anterior perineum, at the expected site of the urethra.(4) Cloacal anomaly is a rare condition that accounts for approximately 15% of high anorectal malformations in females. In this condition, a common channel connects the genital, urinary, and gastrointestinal tracts and long-term urologic management is required in many of these patients for the associated bladder dysfunction, chronic renal failure, and gynecologic abnormalities. Approximately 50% of these patients have normal bowel function; patients without normal bowel function present a complex management problem involving the genitourinary and gastrointestinal systems. A permanent colostomy has been the treatment of choice, but more recently, reasonable fecal continence has been achieved in some patients with an enema program after an abdomino-perineal pull-through procedure, provided that a formed stool can be achieved. There is a common association of gastrointestinal problems and prune-belly syndrome; short bowel syndrome, megacolon and Hirschsprung's disease,upper urinary system including abnormities in one or both kidneys.(5)

IV. CONCLUSION:

Myiasis may be seen in the poorer, unsanitary tropical environment, which is favorable to the breeding of flies. Maggots are classified into 3 'instar' stages. An instar I is about 2 mm to 5 mm long and corresponds to age of 2 to 3 days from the time of egg laid which was the case in our neonate.(6) There are very few reports of neonatal myiasis in institutionally delivered neonates. Cloacal deformities are often associated with upper urinary system including abnormities in one or both kidneys.

REFERENCES

[1]. Anorectal malformations Marc A Levitt* and Alberto Peña Orphanet Journal of Rare Diseases 2007, 2:33
[2]. Halleran DR, Wood RJ. Cloacal Malformations.(updated 2019 Dec 10). In :StatPearls (Internet). Treasure Island(FL) : StatPearls Publishing; 2020 Jan
[3]. ErdemMengiPamukkale University Aural myiasis: case report Article · January 2015 DOI: 10.14744/nci.2014.96967
[4]. Nicole S. Winkler, MD, Anne M. Kennedy, MBBCh, Paula J. Woodward, MD Journal of ultrasound in medicine: official journal of the American Institute of Ultrasound in Medicine · November 2012
[5]. A. Zderic, Sarah M. Lambert, in Avery's Diseases of the Newborn (Ninth Edition), 2012Developmental Abnormalities of the Genitourinary System Stephen
[6]. SHRADDHA JAIN, ARIJIT AUDHYA, MADHUPRIYA, P.S. NAGPURE Indian J Med Sci, Vol. 62, No. 4, April 2008