

MIGRATORY SCALP MYIASIS IN A WOMAN FROM RURAL SARAWAK – A RARE PRESENTATION DUE TO LOCAL TABOO

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Abstract

Introduction: Myiasis is a rare parasitic infestation of body tissues and natural body cavities of live human with dipterous (two-winged) larvae (maggots). Migratory myiasis occurs when maggots start to burrow aimlessly underneath skin. Here we present a 42-year-old lady with migratory scalp myiasis from a rural Sarawak.

Case presentation: A healthy 42-year-old lady who lives with another gravid female in longhouse had not washed her hair for the past 1 year owing to local taboo of no haircut, trimming of fingernails and hair wash after her mother's passing. She presented with 2-weeks history of 3 round scalp wounds infested with maggots and serosanguinous discharge. Contrast-enhanced computed tomography (CECT) brain showed no osteomyelitic change or intracranial extension. Patient underwent wound debridement and washout. Intraoperatively, uncountable maggots were arranged in bundles within the 3 scalp wounds and distinct migration tunnels filled with maggots were noted connecting all 3 scalp wounds. All maggots were removed. Patient was covered with broad spectrum antibiotic. Daily normal saline dressings were applied until wounds were well healed.

Clinical discussion: Although the common agents of migratory myiasis are *Gasterophilus* and *Hypoderma*, the culprit of most of the reported myiasis cases in Malaysia is *Chrysomya Bezziana*. Poor hygiene, superstition, health illiteracy and odour emanating from gravid female were the main factors of this uncommon presentation. The mainstay of treatment is removal of all visible maggots followed by wound debridement. This is particularly challenging in this case as there were hordes of maggots with multiple migration tracts underneath skin. These maggots were removed with forceps and curette.

Conclusion: Migratory scalp myiasis is a rare but benign parasitic infestation. Intracerebral myiasis may occur but exceedingly scarce. Removal of all visible maggots should be done meticulously to prevent secondary infection. Culturally competent care, health literacy and good sanitation are keys to prevention.