

An Unusual Case of Myiasis in an Elderly Woman with Uterovaginal Prolapse

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Abstract

*Pelvic floor dysfunction in women had been affecting women since many decades. Many reasons like multiple vaginal births, prolonged or obstructed labor during young age, women who had premature bearing down during labor, who do strenuous work, malnourished during young age are all prone to develop this dysfunction in their later ages. We report a 75 year old woman presenting with uterine prolapse since 12 years, with decubitus ulcer of 3*4 cm, on the anterior surface. The base of the ulcer was filled with multiple maggots which were managed conservatively with turpentine oil. After 3 months, the ulcer healed and vaginal hysterectomy was performed. We should try to remove the stigmata about the disease as early presentation to hospital can avoid complications and improve the lifestyle of older aged women.*

Keywords: *Maggots; Myiasis; Utero Vaginal Prolapse.*

Introduction

Pelvic floor dysfunction in women had been affecting women since many decades. Many reasons like multiple vaginal births, prolonged or obstructed labor during young age, women who had premature bearing down during labor, who do strenuous work, malnourished during young age are all prone to develop this dysfunction in their later ages. They don't present to hospital in India, during early stage due to various reasons like social or financial, develop complications like

decubitus ulcer, urinary obstruction or constipation or hydronephrosis etc. Hence forth we should increase the awareness about the disease as well as their complications even among low socioeconomic status families, uneducated women so as to reduce their problems and give better life even during their old age.

We here present a case report of uterovaginal prolapse which was neglected by the woman and family leading to development of very rare complication of decubitus ulcer with maggots within, and was managed in our hospital.

Case Report

We report a 75 year old woman presented to our gynecology outpatient ward with uterovaginal prolapse since 12 years, with decubitus ulcer of 3*4 cm, on the anterior surface. On further examination, the base of the ulcer was filled with multiple maggots. Initially we admitted her, thoroughly used turpentine oil over the ulcer and cleared the maggots, and then planned similar conservative management of decubitus ulcer at home after discharge. Henceforth conservatively managed with turpentine oil for 3 months and then was called for follow up. On examination, the ulcer healed and

Fig. 1



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Fig. 2



vaginal hysterectomy was performed. Patient had no intra-operative or post operative complications and was discharged.

Discussion

Information on the prevalence, risk factors and social consequences of pelvic floor dysfunction (PFD) affecting women in 16 low-income and lower middle-income countries were reviewed. Thirty studies were identified. The mean prevalence for pelvic organ prolapse was 19.7% (range 3.4-56.4%), Risk factors for PFD are similar to those in more affluent countries particularly increased age and parity, but additionally, PFD is associated with other factors including poor nutrition and heavy work. The social consequences of PFD conditions can be devastating. Pelvic organ prolapse and urinary and faecal incontinence are significant problems in developing countries. Access to health care to manage these conditions is often limited, and women usually have to live with the consequences for the rest of their lives [1].

Myiasis is the infestation of the tissues of

vertebrate animals by the larvae of flies (maggots). As the condition generally occurs in exposed areas of the body, genital myiasis is a rare condition, and myiasis of the uterine cavity is even rarer [2] only two cases having been previously described in the literature and we report one such case.

Conclusion

We have to improve awareness and educate women of all classes and all levels of education including in rural areas, about the symptoms, complications and management of common disorders like uterovaginal prolapsed. We should try to remove the stigmata about the disease as early presentation to hospital can avoid complications and improve the lifestyle of older aged women.

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