**CASE REPORT**

A 20 year old male, coming from the rural area of Departamento de Itapúa, Companhia Santa Ana of the Alto Verá district and with a history of 6 months of evolution, having a growth and pain on the right retroauricular region and on the parotid. He had been having otorrhea for two months with a purulent secretion and right-side retroauricular oozing which alleviated the pain. He reports shedding worms through the retroauricular region and also through the mouth. Personal background: he mentioned he had eaten wild animals.

In the otorhinolaryngological exam the patient was healthy, he was not running a fever or even about its development cycle. The disease transmission mechanism is not fully unveiled. There is apparently acquired when one eats the meat of wild animals; one does not return on his control visits. Six months after hospital discharge, through a telephone communication, we were informed that the patient had the same manifestation again and was being medicated with anti-parasitic agents.

**DISCUSSION**

The Lagochilascaris minor parasitic infestation is the first case described in Paraguay, and it affected a young man from the rural area, in a district in the south of the country, where people have the habit of eating the meat of wild animals; the patient confirmed he had also done so. The transmission mechanism is not fully unveiled. There are doubts as to the host of Lagochilascaris minor or even about its development cycle. The disease is apparently acquired when one eats the meat of contaminated wild animals. The parasite affected the right-side mastoid, producing a coalescent mastoid and formed a fistulized abscess on the retroauricular and lateral neck (Photo a). Upon otoscopy we noticed an edematous and stenosed external auditory meatus. The tympanic membrane had a 10mm central perforation and there was purulent secretion oozing from it. He had level II trismus, which made it difficult from him to open his mouth. He was then submitted to a canal wall up mastoidectomy and there was secretion oozing from both lesions and worms in the mastoid cavity (Photo b).

The material sent for a microbiological study of the worms showed morphological characteristics of the lips and the wings, resembling reptile ascarid (Photo c). We did a serial collection of fecal material which showed beer-bottle-cap-shaped eggs (Photo d).

The patient remained in the hospital for two weeks and received oral antibiotics (amoxicillin with sulbactam) followed by Ivermectin (200 ug/kg per week) and thiabendazole (1 tab/day for three days, during 15 days). After hospital discharge the patient was instructed to continue with treatment in an outpatient basis. He had a favorable outcome in the immediate post-op, however slow, with an improvement in the right ear suppuration; nonetheless, the inflammatory process remained in the neck. He also improved on the trismus. The patient did not return on his control visits. Six months after hospital discharge, through the telephone and the Internet we were told the patient had the same manifestation again and was being medicated with anti-parasitic agents.

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