Dermoscopy as an auxiliary tool for the diagnosis of furuncular myiasis*

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Abstract: Furuncular myiasis occurs after larvae penetrate on the skin. The disease is characterized by the presence of a nodule with a central hole through which there is serosanguinous exudate drainage. The authors present a case of furuncular myiasis by Dermatobia hominis in which late diagnosis made it necessary to have the orifice margins surgically enlarged in order to extract the larva. They also emphasize that dermoscopy is a useful auxiliary tool in this diagnosis.

Keywords: Dermoscopy; Diptera; Myiasis

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Myiasis is a dermatozoonosis caused by larvae of the order Diptera in organs and tissues of man or other vertebrate animals, where they feed and develop as parasites.¹ It is universally distributed and it can affect patients of any sex, age or race. Myiasis can be...
Furuncular cutaneous myiasis is the most common clinical presentation of the disease, with the typical lesion being distinguished by a painful and inflammatory papule or nodule of furuncular aspect, with a central hole that drains out a slight serosanguineous exudate.\(^5\) Pruritus, sensation of larval movement and pain may also be reported. Secondary infection is the main complication. In Brazil, the most common agent is *Dermatobia hominis*.\(^7\)

When the insect approaches a mammal to feed or rest, larvae are stimulated by heat, carbon dioxide and odors emitted from the host, thus leaving the eggs and actively penetrating the skin.\(^6\) The respiratory portion (spiracle) faces the outer part of the skin as the anterior part of the larva stays submerged in the dermis, where it feeds on purulent and necrotic materials in the lesion.\(^1\) Parasitism lasts for approximately 30 days in humans.\(^2\)

Entodermoscopy involves the application of dermoscopy to help diagnose and monitor the treatment of infestations such as scabies, pediculosis, tungiasis, larva migrans, tick infestations and reactions to spider leg spines.\(^6\) Dermoscopic patterns that assist in the diagnosis of myiasis have already been described.\(^7,8,9\)

Dermoscopy descriptions of furuncular myiasis reported in the literature mentioned a central opening, surrounded by dilated blood vessels, containing a yellowish structure with black spines. Also reported were structures described as bird’s feet-like, corresponding to respiratory spiracles and black dots on the outer edge of the larva similar to a thorn crown.\(^7,8,9\)

Recognition of man as a possible host of larvae is important in medicine, as it may cause irritation, discomfort, itching, insomnia and general physical disabilities, especially in large infestations. The proximal extremity of the larva can be easily visible to the naked eye, but in cases in which the aperture is too small, it may be difficult to visualize, making the use of dermatoscopy useful to confirm the diagnosis of myiasis. Early recognition and appropriate treatment of the disease permit clinical cure to be achieved and prevent the need for surgical intervention to extract the maggot, a fact that could not be avoided in the case reported due to the time of evolution and size of the larva.\(\square\)
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