

Nosocomial and community acquired myiasis

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INTRODUCTION

Myiasis (B87(2021ICD-10-CM)), though most prevalent in tropic countries, there is a rise in literature data that testify the occurrence of myiasis in temperate countries as well.

MATERIAL and METHODS:

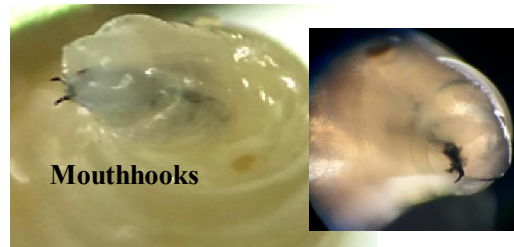
Nosocomial myiasis -cutaneous in an unconscious patient on mechanical ventilation, treated in a specialized part of the hospital ward for 4 mths. **Community acquired nasal** myiasis in a patient treated for COVID19 in OTPs. Symptoms: stuffy nose, irritation, anosmia, sinusoidal headache, sticky thick white discharge. The patient discharged 4 alive maggots from the nose.

To facilitate the identification of the flesh fly larvae from cutaneous myiasis and to visualize the morphological details of the cephalopharyngeal skeleton and the integument, the **clearing technique** was applied. The species identification was performed by using well established identification keys.

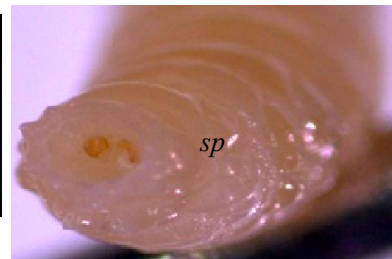
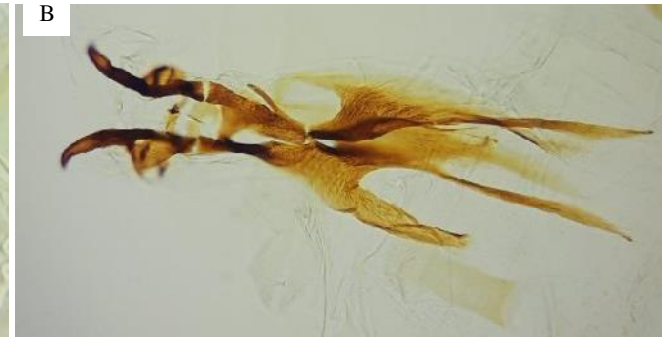
RESULTS



6-8mm long, ivory-colored larvae



Sarcophaga argyrostoma (Sarcophagidae, **second instar larvae** after the clearing technique.



Morphology of *Sarcophaga argyrostoma* (Sarcophagidae). A ó anal division, posterior view; B ó cephaloskeleton, lateral view., C- anterior spiracle. *sp* posterior spiracle.

CONCLUSION:

Infestation by dipterous larvae reveals a broad range of symptoms depending on the anatomical location and maggotsøburden. Its outcomes banks on host health status and medical staff awareness and experience. Collaborative approach is essential for its proper identification, managing and prevention.