

The adult worms of *Thelazia* species discovered so far inhabit only the eyes of various mammals, birds, including humans.^[4] and hence called eye worms. In the uterus of the adult female, the embryos develop into first-stage larvae (L1), which remain in the eggshell (sheath).^[5] The female deposits these sheathed larvae in the tears of the mammal or bird definitive host and the larvae are ingested by tear-feeding flies. In the fly, the larvae “hatch,” to penetrate the gut wall and migrate to the fat body, testes or egg follicles (depending on the species). There they develop into third-stage larvae (L3), which migrate to the head of the fly. The infective L3 larvae wiggle out of the straw-like feeding apparatus of the fly when it feeds on the tears of another mammal or bird host. The L3 larvae develop into adults in the eye or surrounding tissues of the host, where they may live for over 1-year. Hence, it is unlikely that transmission could take place with contaminated towel with cow dung or trauma as mentioned in this case report. The vectors are biological for *Thelazia* species, and they are tear-feeding flies of the genera *Musca*, *Phortica* (family Drosophilidae), or *Fannia* (family Fanniidae).

The symptoms are irritation and redness of the eyes until they bury in the tissues, but it should not be mistaken for conjunctivitis as parasite are likely to enter in deeper tissue. For the treatment of human cases, removal of the worm under topical anaesthesia is suggested. Because most, if not all, species of *Thelazia* are spread by flies, sanitary practices, which reduce the contact with the flies will also reduce the spread of thelaziasis.

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Human ocular thelaziasis in Karnataka

Dear Editor,

We have read with interest the brief communication on human ocular thelaziasis by Krishnachary *et al.*^[1] They have quoted a case report from Himachal Pradesh, but have not cited the reference. A case on thelaziasis was reported from this hill state in 2006, and it was published^[2] where five different worms 2 males and 3 females with larvae in their uterus were identified. As we have pointed out that human involvement is not uncommon, but is under reported. These cases are occasionally seen in our out patient department (OPD) particularly during or after rainy seasons in the hilly region. Transmission of larvae occurs in sleeping host in unhygienic surrounding by tear seeking flies.^[3]

References

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