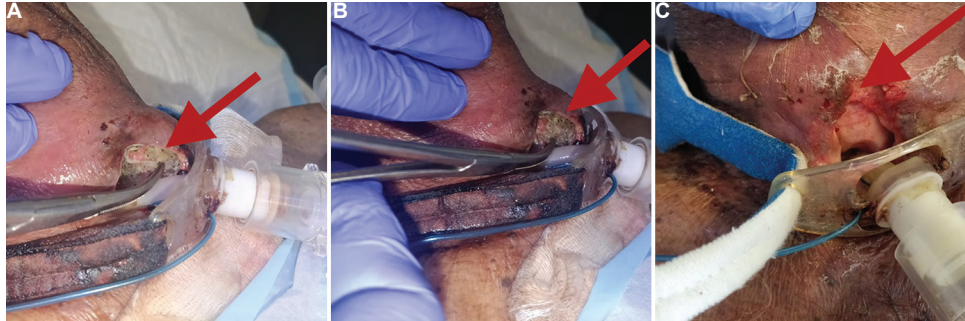




## Tracheostomal myiasis: A rare clinical entity



**Figure.** (A) The presence of maggots in tracheostomy wound (red arrow). (B) The maggots being removed from the stoma (red arrow). (C) Debrided clean wound after turpentine oil application (red arrow).

A 79 yr old male<sup>†</sup> who was a known case of motor neurone disease with bulbar and bilateral vocal cord palsy underwent a tracheostomy one and a half years ago presented to the Emergency Department at Aster Medcity, Kochi, India, in September 2019. Presenting symptoms included continuous secretions from his tracheostomy tube and breathing difficulty for the last one month. Examination of the tube showed necrotic stoma with bleeding around the tube and the presence of numerous maggots around the tube. Around 60 maggots were removed (Figure A and B) and stoma cleaned using povidone-iodine (Figure C). Local turpentine oil application was also done. The maggot larvae were identified to be that of *Calliphoridae*

species. With regular stoma care and turpentine oil application, the patient improved. Follow up after two weeks revealed clean stoma site free of maggots and improved general clinical condition.

**Conflicts of Interest:** None.

**Balram Rathish<sup>1</sup> & Praveen Gopinath<sup>2,\*</sup>**

Departments of <sup>1</sup>Internal Medicine & <sup>2</sup>Otorhinolaryngology, Aster Medcity, Kochi 682 027, Kerala, India

\*For correspondence:  
drpraveen.gopinath@asterhospital.com

Received November 8, 2019

<sup>†</sup>Patient's consent obtained to publish clinical information and images.