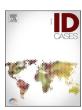


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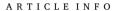


#### Case illustrated

# Palpebral infection secondary to Cordylobia anthropophaga larva

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JEL Classifications:
110: Global Health
114: Infectious Diseases
114.116: Neglected tropical diseases
114.121: Skin & soft tissue infections
Keywords:
Cordylobia anthropophaga
Sub-Saharan Africa
Stye
Parasite

A 13 year-old American girl living in Zambia presented with left eyelid swelling for four days (Figure 1). She complained of tenderness to palpation but no vision changes, and denied fevers or other constitutional symptoms. Physical exam was notable for left palpebral swelling, erythema, and hordeolum of the upper lid.

She was initially treated conservatively for a stye with warm compresses. Progressive lid swelling prompted treatment with first oral then intravenous antibacterials due to concern for preseptal orbital cellulitis. Antimicrobial treatment diminished the progressive swelling but erythema and tenderness persisted. She subsequently saw an ophthalmologist who extracted a *Cordylobia anthropophaga* larva (Fig. 2).

Cordylobia anthropophaga (commonly known as tumbu, tumba, putzi fly, or mango fly) is a common parasite of large mammals including humans in East and Central Africa. Larvae are often deposited in damp fabric when drying in open air, and thus hot ironing or a brief cycle in tumble dryer are commonly used as preventative practices in endemic areas. The patient's family believes the girl acquired the larva from a pillow cover that had not been ironed after drying.

Although ocular presentations are rare, *Cordylobia anthropophaga* should be considered in the differential diagnosis for unexplained eyelid swelling from endemic regions.

#### CRediT authorship contribution statement

Cassidy W. Claassen: manuscript conceptualization, writing- original draft preparation, reviewing and editing. Akayla M. Siddiqi: data collection and curation, writing- reviewing and editing. Omar K. Siddiqi: manuscript conceptualization, data collection and curation, writing- reviewing and editing.

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Fig. 1. Left palpebral edema and erythema secondary to Cordylobia anthropophaga larva infection.



Fig. 2. Cordylobia anthropophaga larva post extraction from eyelid.

### Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

## **Ethical approval**

Not applicable.

## **Funding**

None.

## **Conflicts of interest**

None.