

Puzzling Cases: Wound Sleuth



BY Rob Miller

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A 60-year-old female presents to the wound-care clinic with bilateral, weeping, foul-smelling, ulcerated lower legs. She has been treated with antibiotics without much improvement. She has had a variety of dressings and compression therapy, but little change has occurred over the last three months.



Figure 1 shows the lower leg as it presented to the clinic. When you carefully examine the lower leg you notice that there is some activity in the wound!

To take a closer look, you take a wound smear and put it onto a slide (Figure 2).



Question: What is the diagnosis?

Answer: Myiasis. The wound has become a breeding ground for flies.

At this stage you would do the following:

1. Carefully step backward and run from the room.
2. Become violently ill from seeing the thousands of

larvae in front of you.

3. Tell the patient that the wound is going to improve with time and arrange for a follow-up.

Answer: 3. Myiasis (maggots) is a biological method of debridement that is fast and selective and removes dead tissue and bacteria as well as stimulating granulation tissue. Most patients would probably not opt for this method of debridement, but once the dead tissue and bacteria have been removed from the wound, the maggots will automatically disappear, as they will no longer have a substrate to feed on.

Figure 3 shows the patient's legs two months after her initial visit with complete resolution of her ulcers and the foul smell. (Her only complaint was that she noticed there were more flies than usual in her home this past summer.)



Learning Points

- Myiasis is an effective method of debridement and should not shock the wound-care specialist taking care of the patient. Rarely it may be associated with infection.
- If you see something moving very slowly in a wound, suspect a maggot infestation.
- Once the substrate that nourishes the maggots is gone, the maggots will leave. 🐛

Reference

Pearson C. How wounds heal: A guide for the wound-care novice. *Wound Care Canada*. 2006;4(2):10-13.

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