LETTER TO JCP

A sebaceous cyst with a difference: *Dermatobia hominis*

L J Harbin, M Khan, E M Thompson, R D Goldin

*Dermatobia hominis* causes furuncular myiasis and is endemic to South America. This report describes a case in a young woman who had recently visited Belize, highlighting the importance of clinical history (including travel history) and close liaison between pathologist and surgeon.

A 39 year old American woman was referred by her general practitioner to the day case surgery unit at St Mary's Hospital, London for excision of a scalp “sebaceous cyst” that had been present for two months. This had been increasing in size, bleeding intermittently, and was associated with cervical lymphadenopathy. On examination a 3 cm firm, non-mobile cyst with central punctum was present.

On excision, movement was noted within the cyst cavity, and further dissection revealed the presence of a live larva, which crawled across the surgical trolley after removal. The cyst was removed in its entirety, and the wound debrided and cleaned with strict aseptic technique, with closure in the usual manner. Both theatre staff and patient were understandably alarmed by the nature of the cyst contents, and after the patient had been calmed, it was established that she had visited Belize four months previously, where she was bitten on the scalp.

The histopathology department received two specimens: a skin ellipse with part of a cyst wall attached to the inferior surface, and a larva/maggot measuring 1.8 cm in length. The maggot was yellow, with multiple concentric black rings composed of spines around its outer surface (fig 1A). The larva possessed an outer cuticle, surrounding striated muscle and respiratory tubules (fig 1B). Histology of the skin showed a moderate chronic dermatitis, with an extensive abscess cavity present deep within the dermis, comprising multiple eosinophils, neutrophils, and multinucleate giant cells centred on part of the organism (fig 2). The macroscopic and microscopic features seen were consistent with those of *Dermatobia hominis*.

"On excision, movement was noted within the cyst cavity, and further dissection revealed the presence of a live larva, which crawled across the surgical trolley after removal"
A review of the literature revealed several reports of *D hominis* from Europe, Scandinavia, Australia, and the Americas, reflecting the widening experience of infectious disease as foreign travel increases. In a review of 13 cases in Munich, Germany, all cases of *D hominis* infection were related to travel to the Central American tropics.

The most frequent differential diagnoses are infected sebaceous cyst, or a furuncle with associated lymphadenopathy. Almost all cases are present on limbs, although two papers detailed *D hominis* infection of the eye: both of which caused palpebral swelling, and one report described a woman with a long standing breast mass, excision biopsy of which revealed granulomatous inflammation centred around a fly larva.

This case highlights the importance of the clinical history (including travel history), meticulous surgical technique to effect complete removal of the fly larva, and essential communication between surgeon and the pathologist to achieve prompt diagnosis.

**REFERENCES**


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**Take home messages**

- We report a case of *Dermatobia hominis* infection causing furuncular myiasis in a young woman who had recently visited Belize
- This case highlights the importance of clinical history (including travel history) and close liaison between pathologist and surgeon

Figure 2 Intradermal abscess centred on organism (haematoxylin and eosin stained).
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