Abstract: Ocular Myiasis is invasion of ocular tissue by larvae of fly. A 23 year old male came with complaints of congestion and irritation in RE. On examination larvae were found in the conjunctiva sac which were removed manually with forceps under topical anaesthesia. On examination they were found to be larvae of common house-fly or Musca domestica. The patient was treated with topical antibiotics, lubricants and steroids.

Keyword: myiasis, ocular myiasis, ophthalmomyiasis, musca domestica

Introduction: Myiasis is defined as the invasion of living animal tissue by fly larvae (maggots). When larvae invade the eye, this condition is termed Ocular Myiasis (OM) or ophthalmomyiasis.

Types:
External ophthalmomyiasis: Larvae affect the lids or conjunctiva (common).
Internal ophthalmomyiasis: Larvae penetrate into the eyeball (rare).

It is usually seen in people who work with animals or in hot and dry areas usually in rural areas. This case is being presented because this case was seen in a young male in an urban environment and caused by common housefly. Cases of ocular myiasis due to housefly are extremely rare.

Case Report:
History: A 23 year old male working as a field engineer came with chief complaints of pain, irritation, itching and redness in the Right eye since 2 days. Patient gave history suggestive of chemical injury wherein there was a history of washing his hair with shikakai following which he developed the complaints. On examination visual acuity in BE was 6/6. Left eye anterior as well as posterior segment were completely normal. On examination of Right eye under slit lamp we could see larvae moving over the conjunctiva as well as under it. 5 larvae were seen in all(fig 1, 2).

Management: Using 0.5% topical paracaine the larvae were first paralysed and then removed manually with forceps under slit lamp(fig 3). Totally 5 larvae were removed. Patient was prescribed: Moxifloxacin eye drops hourly Lubricant eyedrops 4times/day Topical steroids 4times/day were initiated after the corneal epithelial defect healed. The above medications were continued for a period of 1 month. Patient was asked to review after 2 days. This time again 4 more larvae were removed. On review we checked the naso lacrimal duct for presence of any larva. None was found. The patient was continued on same medication called for review again after 2 days. Patient was again called after 1 week to check if any larvae were present. This time there were no larvae found. On parasitological examination they were found to be larvae of Musca domestica or the common house fly(fig 4).
Discussion:
Ocular Myiasis is usually caused by larvae of Sheep nose bot fly (Oestrus ovis), or by human bot fly (Dermatobia hominis) (rarely). Though the common house fly (Musca domestica) is extremely widespread and abundant throughout the world, human myiasis caused by M. domestica however is rare. Gravid Oestrus fly frequently deposits larvae in the conjunctival sac of human eye and causes ocular myiasis externa. An interesting feature of O. ovis is that it can deposit larvae while still in flight. The fly darts close to the eyes or nostrils and ejects a stream of larvae into the target area. Anaesthetic drops may be useful to immobilize the larvae during removal. Antibiotic ointments have also been used to help suffocate the larvae, thereby facilitating removal. Early growth stage larvae can often be carefully extracted from the eye with fine forceps. Anaesthetic drops may be useful to immobilize the larvae during removal. Antibiotic ointments have also been used to help suffocate the larvae, thereby facilitating removal. Early growth stage larvae can often be carefully extracted from the eye with fine forceps. Antibiotic ointments or drops & topical corticosteroids can be used to prevent secondary bacterial infection and reduce inflammation.

Take home message:
This case is being presented for the following reasons:
· Though ocular myiasis usually occurs in rural area, the possibility of it occurring in an urban set up should always be borne in mind.
· To emphasise the importance of slit lamp examination for every patient even if the complaint seems trivial.
· To raise general awareness about wearing protective eye gear while driving or while being outdoors.
· To spread awareness amongst the general public that a fall of insect in the eye should not be taken lightly and medical opinion should always be sought.

References: