CASE REPORT

Otomastoiditis with right retroauricular fistula by Lagochilascaris minor

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INTRODUCTION

Lagochilascaris minor is a nematode which causes an emerging helminthiasis limited to the American Continent, without being a public health problem. Its distribution is neotropical and it was found in the following countries: Brazil, Colombia, Venezuela, Mexico, Costa Rica, Trinidad, Suriname and Bolivia.1

This is a case of a patient infested by a nematode of the Lagochilascaris minor genus, located in the middle ear, producing a coalescent mastoid on the right side with a fistulized abscess on the mastoid tip and on the same side of the neck, and this was the first case described in Paraguay.

CASE REPORT

A 20 year old male, coming from the rural area of Departamento de Itapúa, Companhia Santa Ana of the Alto Verá district and with a history of 6 months of evolution, having a growth and pain on the right retroauricular region and on the parotid. He had been having otorrhea for two months with purulent secretion on the right retroauricular region and on the parotid. He had been having otitis for a few months with a purulent secretion and right-side retroauricular oozing which alleviated the pain. He reports she noticed an emaciated and stenosed external auditory meatus. The tympanic membrane had a 10mm central perforation and there was purulent secretion oozing from it. He had Level II trismus, which made it difficult for him to open his mouth. He was then submitted to a canal wall up mastoidectomy and there was secretion oozing from both lesions and worms in the mastoid cavity (Photo/a). The material sent for a microbiological study of the worms showed morphological characteristics of the lips and the wings, resembling reptile ascarid (Photo/b). We did a serial collection of fecal material which showed beer-bottle-cap-shaped eggs (Photo/c). The patient remained in the hospital for two weeks and received oral antibiotics (amoxicillin with sulbactam) followed by Ivermectin (200 ug/kg per week) and thiabendazole (1 tab/day for three days, during 15 days). After hospital discharge the patient was instructed to continue with treatment in an outpatient basis.

He had a favorable outcome in the immediate post-op, however slow, with an improvement in the right ear suppuration; nonetheless, the inflammatory process remained in the neck. He also improved on the trismus. The patient did not return on his control visits. Six months after hospital discharge, through the telephone and the Internet we were told the patient had the same manifestation again and was being medicated with anti-parasitic agents.

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Although this is a rare disease, and one which affects a certain range of the rural population who eat the meat of wild animals, otorhinolaryngologists must be attentive to the differential diagnosis of other diseases, especially the granulomatosis.

REFERENCES


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