

World Journal of *Clinical Cases*

World J Clin Cases 2020 December 26; 8(24): 6213-6545



MINIREVIEWS

- 6213 Role of gut microbiome in regulating the effectiveness of metformin in reducing colorectal cancer in type 2 diabetes

Huang QY, Yao F, Zhou CR, Huang XY, Wang Q, Long H, Wu QM

ORIGINAL ARTICLE

Retrospective Cohort Study

- 6229 Impact factors of lymph node retrieval on survival in locally advanced rectal cancer with neoadjuvant therapy

Mei SW, Liu Z, Wang Z, Pei W, Wei FZ, Chen JN, Wang ZJ, Shen HY, Li J, Zhao FQ, Wang XS, Liu Q

Retrospective Study

- 6243 Three-year follow-up of Coats disease treated with conbercept and 532-nm laser photocoagulation

Jiang L, Qin B, Luo XL, Cao H, Deng TM, Yang MM, Meng T, Yang HQ

- 6252 Virus load and virus shedding of SARS-CoV-2 and their impact on patient outcomes

Chen PF, Yu XX, Liu YP, Ren D, Shen M, Huang BS, Gao JL, Huang ZY, Wu M, Wang WY, Chen L, Shi X, Wang ZQ, Liu YX, Liu L, Liu Y

- 6264 Risk factors for *de novo* hepatitis B during solid cancer treatment

Sugimoto R, Furukawa M, Senju T, Aratake Y, Shimokawa M, Tanaka Y, Inada H, Noguchi T, Lee L, Miki M, Maruyama Y, Hashimoto R, Hisano T

- 6274 Cause analysis and reoperation effect of failure and recurrence after epiblepharon correction in children

Wang Y, Zhang Y, Tian N

Clinical Trials Study

- 6282 Effects of different acupuncture methods combined with routine rehabilitation on gait of stroke patients

Lou YT, Yang JJ, Ma YF, Zhen XC

Observational Study

- 6296 Application of endoscopic submucosal dissection in duodenal space-occupying lesions

Li XY, Ji KY, Qu YH, Zheng JJ, Guo YJ, Zhang CP, Zhang KP

- 6306 Early renal injury indicators can help evaluate renal injury in patients with chronic hepatitis B with long-term nucleos(t)ide therapy

Ji TT, Tan N, Lu HY, Xu XY, Yu YY

Prospective Study

- 6315** Neoadjuvant chemoradiotherapy plus surgery in the treatment of potentially resectable thoracic esophageal squamous cell carcinoma
Yan MH, Hou XB, Cai BN, Qu BL, Dai XK, Liu F

CASE REPORT

- 6322** Uterine rupture in patients with a history of multiple curettages: Two case reports
Deng MF, Zhang XD, Zhang QF, Liu J
- 6330** Pleural effusion and ascites in extrarenal lymphangiectasia caused by post-biopsy hematoma: A case report
Lin QZ, Wang HE, Wei D, Bao YF, Li H, Wang T
- 6337** Eighty-year-old man with rare chronic neutrophilic leukemia caused by CSF3R T618I mutation: A case report and review of literature
Li YP, Chen N, Ye XM, Xia YS
- 6346** Sigmoid colon duplication with ectopic immature renal tissue in an adult: A case report
Namgung H
- 6353** Paraplegia from spinal intramedullary tuberculosis: A case report
Qu LM, Wu D, Guo L, Yu JL
- 6358** Confocal laser endomicroscopy distinguishing benign and malignant gallbladder polyps during choledochoscopic gallbladder-preserving polypectomy: A case report
Tang BF, Dang T, Wang QH, Chang ZH, Han WJ
- 6364** Sclerosing stromal tumor of the ovary with masculinization, Meig's syndrome and CA125 elevation in an adolescent girl: A case report
Chen Q, Chen YH, Tang HY, Shen YM, Tan X
- 6373** Primary pulmonary malignant melanoma diagnosed with percutaneous biopsy tissue: A case report
Xi JM, Wen H, Yan XB, Huang J
- 6380** SRY-negative 45,X/46,XY adult male with complete masculinization and infertility: A case report and review of literature
Wu YH, Sun KN, Bao H, Chen YJ
- 6389** Refractory case of ulcerative colitis with idiopathic thrombocytopenic purpura successfully treated by Janus kinase inhibitor tofacitinib: A case report
Komeda Y, Sakurai T, Sakai K, Morita Y, Hashimoto A, Nagai T, Hagiwara S, Matsumura I, Nishio K, Kudo M
- 6396** Immunotherapies application in active stage of systemic lupus erythematosus in pregnancy: A case report and review of literature
Xiong ZH, Cao XS, Guan HL, Zheng HL

- 6408** Minimally invasive maxillary sinus augmentation with simultaneous implantation on an elderly patient: A case report
Yang S, Yu W, Zhang J, Zhou Z, Meng F, Wang J, Shi R, Zhou YM, Zhao J
- 6418** Congenital nephrogenic diabetes insipidus due to the mutation in *AVPR2* (c.541C>T) in a neonate: A case report
Lin FT, Li J, Xu BL, Yang XX, Wang F
- 6425** Primary gastric melanoma in a young woman: A case report
Long GJ, Ou WT, Lin L, Zhou CJ
- 6432** Extreme venous letting and cupping resulting in life-threatening anemia and acute myocardial infarction: A case report
Jang AY, Suh SY
- 6437** Novel conservative treatment for peritoneal dialysis-related hydrothorax: Two case reports
Dai BB, Lin BD, Yang LY, Wan JX, Pan YB
- 6444** Clinical characteristics of pulmonary cryptococcosis coexisting with lung adenocarcinoma: Three case reports
Zheng GX, Tang HJ, Huang ZP, Pan HL, Wei HY, Bai J
- 6450** Fracture of the scapular neck combined with rotator cuff tear: A case report
Chen L, Liu CL, Wu P
- 6456** Synchronous colonic mucosa-associated lymphoid tissue lymphoma found after surgery for adenocarcinoma: A case report and review of literature
Li JJ, Chen BC, Dong J, Chen Y, Chen YW
- 6465** Novel mutation in the *ASXL3* gene in a Chinese boy with microcephaly and speech impairment: A case report
Li JR, Huang Z, Lu Y, Ji QY, Jiang MY, Yang F
- 6473** Recurrent thrombosis in the lower extremities after thrombectomy in a patient with polycythemia vera: A case report
Jiang BP, Cheng GB, Hu Q, Wu JW, Li XY, Liao S, Wu SY, Lu W
- 6480** Status epilepticus as an initial manifestation of hepatic encephalopathy: A case report
Cui B, Wei L, Sun LY, Qu W, Zeng ZG, Liu Y, Zhu ZJ
- 6487** Delayed diagnosis of prosopagnosia following a hemorrhagic stroke in an elderly man: A case report
Yuan Y, Huang F, Gao ZH, Cai WC, Xiao JX, Yang YE, Zhu PL
- 6499** Oral myiasis after cerebral infarction in an elderly male patient from southern China: A case report
Zhang TZ, Jiang Y, Luo XT, Ling R, Wang JW
- 6504** Rare case of drain-site hernia after laparoscopic surgery and a novel strategy of prevention: A case report
Gao X, Chen Q, Wang C, Yu YY, Yang L, Zhou ZG

- 6511** Extracorporeal shock wave therapy treatment of painful hematoma in the calf: A case report
Jung JW, Kim HS, Yang JH, Lee KH, Park SB
- 6517** Takotsubo cardiomyopathy associated with bronchoscopic operation: A case report
Wu BF, Shi JR, Zheng LR
- 6524** Idiopathic adulthood ductopenia with elevated transaminase only: A case report
Zhang XC, Wang D, Li X, Hu YL, Wang C
- 6529** Successful endovascular treatment with long-term antibiotic therapy for infectious pseudoaneurysm due to *Klebsiella pneumoniae*: A case report
Wang TH, Zhao JC, Huang B, Wang JR, Yuan D
- 6537** Primary duodenal tuberculosis misdiagnosed as tumor by imaging examination: A case report
Zhang Y, Shi XJ, Zhang XC, Zhao XJ, Li JX, Wang LH, Xie CE, Liu YY, Wang YL

ABOUT COVER

Peer-Reviewer of *World Journal of Clinical Cases*, Dr. Adonis Protopapas is a gastroenterology Resident at the first Propaedeutic Department of Internal Medicine of the Aristotle University of Thessaloniki (Greece), located at the A.H.E.P.A Hospital. He earned his Bachelor's degree in 2015 from the Democritus University of Thrace, followed by three Master's of Science degrees, with specializations in clinic pharmacology, medical research methodology, and healthcare management. His research interests are mainly focused on the area of hepatology, although he also participates in various projects related to endoscopy and inflammatory bowel disease. He is particularly fascinated by research on cirrhosis and its complications. (L-Editor: Filipodia)

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (*WJCC*, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The *WJCC* is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, PubMed, and PubMed Central. The 2020 Edition of Journal Citation Reports® cites the 2019 impact factor (IF) for *WJCC* as 1.013; IF without journal self cites: 0.991; Ranking: 120 among 165 journals in medicine, general and internal; and Quartile category: Q3.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Ji-Hong Liu; Production Department Director: Xiang Li; Editorial Office Director: Jin-Lai Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Semimonthly

EDITORS-IN-CHIEF

Dennis A Bloomfield, Sandro Vento, Bao-gan Peng

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

December 26, 2020

COPYRIGHT

© 2020 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Oral myiasis after cerebral infarction in an elderly male patient from southern China: A case report

Tie-Zhu Zhang, Ying Jiang, Xin-Tong Luo, Rui Ling, Jing-Wen Wang

ORCID number: Tie-Zhu Zhang 0000-0002-6122-3430; Ying Jiang 0000-0002-3017-1770; Xin-Tong Luo 0000-0003-3674-8793; Rui Ling 0000-0003-3741-9254; Jing-Wen Wang 0000-0002-6187-5578.

Author contributions: Zhang TZ, Jiang Y, Luo XT and Ling R performed the treatments of this patient; Zhang TZ, Jiang Y, Luo XT and Wang JW collected the case data; Zhang TZ, Jiang Y and Wang JW contributed to literature materials; Zhang TZ and Jiang Y wrote the paper; All authors read and approved the manuscript.

Informed consent statement: The patient's family members had given their consent for this case report.

Conflict-of-interest statement: All authors declare that they have no competing interests.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative

Tie-Zhu Zhang, Ying Jiang, Xin-Tong Luo, Rui Ling, Jing-Wen Wang, Department of Stomatology, The Affiliated Hospital of Guangdong Medical University, Zhanjiang 524001, Guangdong Province, China

Corresponding author: Ying Jiang, PhD, Doctor, Department of Stomatology, The Affiliated Hospital of Guangdong Medical University, No. 57 South Renmin Avenue, Xiashan District, Zhanjiang 524001, Guangdong Province, China. jy197701@163.com

Abstract

BACKGROUND

Myiasis is a rare but risky pathology caused by a parasitic infestation of humans and animals by the dipterous larva. Oral myiasis occurs when soft tissues of the oral cavity are invaded by the larvae of flies. It is not a common disease for the reason that the oral cavity is not easily reachable for the fly to lay eggs. But it can cause pain, infection, uncomfortable feeling when the worms move, tissue destruction and/or even life-threatening hemorrhages.

CASE SUMMARY

We reported a case of oral myiasis after cerebral infarction in a 78-year-old male patient from southern China (Guangdong Zhanjiang). As a result of cerebral infarction, he suffered from right hemiplegia, mobility and mental decline for about 3 mo. He had difficulty swallowing and was fed *via* a feeding tube. He mostly engaged in mouth breathing and had poor oral and dental hygiene. More than 20 live larvae were collected from the patient's oral cavity, which were localized in the maxillary gingiva, the mandibular gingiva and the tongue. The patient recovered after the routine oral cleaning, removal of maggots, debridement and anti-infection treatment.

CONCLUSION

Early diagnosis and treatment of this infestation are essential due to the bothersome symptoms, such as inflammation, intense anxiety over the larvae movement, possible serious complications, *etc.* Clinical staff should be familiar with this infestation, and this disease should be considered, especially in physically and mentally disabled patients or those at significant risk for infection. Necessary measures, including good sanitation, personal and environmental hygiene and special care should be adopted so as to prevent this disease.

Key Words: Oral myiasis; Larva; Oral cavity; Cerebral infarction; Case report

Commons Attribution
NonCommercial (CC BY-NC 4.0)
license, which permits others to
distribute, remix, adapt, build
upon this work non-commercially,
and license their derivative works
on different terms, provided the
original work is properly cited and
the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Manuscript source: Unsolicited
manuscript

Specialty type: Medicine, research
and experimental

Country/Territory of origin: China

**Peer-review report's scientific
quality classification**

Grade A (Excellent): 0
Grade B (Very good): 0
Grade C (Good): 0
Grade D (Fair): 0
Grade E (Poor): 0

Received: September 23, 2020

Peer-review started: September 23,
2020

First decision: October 18, 2020

Revised: October 30, 2020

Accepted: November 9, 2020

Article in press: November 9, 2020

Published online: December 26,
2020

P-Reviewer: Treviño González JL

S-Editor: Huang P

L-Editor: Filipodia

P-Editor: Li JH



©The Author(s) 2020. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: We reported a case of oral myiasis after cerebral infarction in a 78-year-old male patient from southern China. He suffered from right hemiplegia, mobility and mental decline for about 3 mo. He was fed *via* a feeding tube and mostly engaged in mouth breathing with poor oral and dental hygiene. More than 20 live larvae were collected from the patient's oral cavity. The patient recovered after the routine oral cleaning, removal of maggots, debridement and anti-infection treatment. Early diagnosis and treatment of this infestation are essential and clinical staff should be familiar with this infestation.

Citation: Zhang TZ, Jiang Y, Luo XT, Ling R, Wang JW. Oral myiasis after cerebral infarction in an elderly male patient from southern China: A case report. *World J Clin Cases* 2020; 8(24): 6499-6503

URL: <https://www.wjgnet.com/2307-8960/full/v8/i24/6499.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v8.i24.6499>

INTRODUCTION

The term myiasis was first introduced in 1840 to describe a parasitic infestation of humans and animals by dipterous larva. Myiasis can affect the skin, external orifices (eyes, ears, nasal cavities, oral cavity, vagina and anus), and internal organs (intestines and urinary tract)^[1]. Oral myiasis occurs when the larvae of flies invade soft tissues of the oral cavity. It is a rare pathology because the oral cavity is not easily reachable for the fly to lay eggs. Oral myiasis can cause pain, infection, uncomfortable feeling when the worms move and tissue destruction. It can even destroy vital tissues, which may induce severe or life-threatening hemorrhages, thus posing a serious risk to the patient's life^[2,3].

Poor oral hygiene, halitosis, facial trauma, suppurative lesions, ulcerative lesions, wound extraction, fumigating cancers, senility, immunocompromised state, unhygienic living conditions, learning disabilities, neurological deficit and other physically and mentally challenging conditions have all been associated with oral myiasis^[4,5].

Myiasis is prevalent in tropical and subtropical areas. Zhanjiang city is situated in the Guangdong province of southern China, which is a subtropical area. Herein, we reported a rare case of oral myiasis after cerebral infarction in a 78-year-old male patient from Zhanjiang.

CASE PRESENTATION

Chief complaints

On December 6, 2019, a 78-year-old male patient was admitted to The Department of Stomatology, The Affiliated Hospital of Guangdong Medical University due to the infection and erosion of the gum, suppuration of the tongue and the discovery of maggot-like worms.

History of present illness

Two weeks ago, family members of the patient noticed the infection and erosion of the gum and suppuration of the tongue. The maggot-like worms were observed the past 3 d.

History of past illness

The patient's general health was poor. In September 2019, he was admitted to The People's Hospital of Maoming (a local hospital near his house) due to cerebral infarction, for which he was treated with left middle cerebral artery balloon dilation, artery antithrombotic, thrombus aspiration and stent implantation. Right side catheterization of the internal jugular vein was also applied. Nonetheless, as a result of the cerebral infarction, he still suffered from right hemiplegia, mobility and mental

decline. He had difficulty swallowing and was fed *via* a feeding tube.

Personal and family history

The histories of diabetes, hypertension and other chronic diseases were denied. The histories of hepatitis, tuberculosis and other infectious diseases, trauma, blood transfusion and allergy were denied too. The vaccination history was unknown.

Physical examination

Physical examination revealed right hemiplegia, mental decline and inability to communicate. Body temperature was 38.5 °C; pulse was 137 times/min, breath was 20 times/min, and blood pressure was 128/72 mmHg.

The oral and maxillofacial regions were symmetrical. The feeding tube was in place. Swallowing was difficult. The patient mostly relied on mouth breathing. He had poor oral and dental hygiene, halitosis, a swollen tongue with a smooth back and atrophic tongue papillae. The duct openings of the bilateral submandibular glands were red and swollen. Fixed bridge repair of the right maxillary and bilateral mandibular teeth was observed. The crown edges were not fitted. The degree of teeth mobility was I-II. The palatal gum of the right maxillary teeth was erosive and ulcerated and about the size of a "soybean". Pus overflowed when squeezed, and on the buccal gum, a white maggot about 1.0 cm long was seen.

There was a fistula about 0.5 cm × 0.5 cm in size in the front of the right tongue. Pus overflowed with maggots wriggling in the fistula.

The patient had more than 20 maggots in his oral cavity in total. All of them were milky white and cylindrical with sharp front and blunt back. Peristalsis was obvious as well as folds in the body (Figure 1).

Laboratory examinations

Leukocyte count was $3.45 \times 10^9/L$. Neutrophil ratio was increased at 89.25%, Lymphocyte ratio and monocyte ratio were decreased at 9.28% and 1.35%, respectively. The rest of the routine laboratory examinations were normal.

Imaging examinations

Computed tomography scan showed many artifacts in the oral cavity and the adjacent structures were not clear. Irregular destruction in the left region of the maxilla bones was revealed, considering the possibility of inflammatory lesions. Osteoporosis of the maxilla and mandible bones was also observed. The soft tissue around the upper alveolar was swollen with a little gas accumulated. The mucosa of the bilateral ethmoid sinus and maxillary sinus was slightly thickened.

FINAL DIAGNOSIS

Based on all of the observations above, the case was diagnosed as oral myiasis.

TREATMENT

Treatment was carried out to resolve the infection of the mouth and the maggots. Local application of iodoform for a minimum of 20-30 min was used to irritate the maggots and force them out of their hiding places. Maggots were also manually removed with blunt tweezers and curved forceps. The patient's mouth was thoroughly irrigated three times a day with a solution of 3% hydrogen peroxide, normal saline, 2% sodium bicarbonate and 0.2% chlorhexidine mouth wash. The rotten tissues were manually removed with tweezers and curved forceps. Endovenous rehydration was performed. The mouth was covered with wet gauze to prevent dry mouth and avoid the contact of the mouth with flies or their eggs.

OUTCOME AND FOLLOW-UP

After 7 d of hospitalization, the patient recovered well. His general condition was stable. No maggots were found in the mouth, and there was no obvious acute inflammation in his oral cavity. No evident hyperemia or swelling of gingiva and



Figure 1 Physical examination results. A: Poor oral and dental hygiene, halitosis, a swollen tongue with a smooth back, and atrophic tongue papillae; B: Fixed bridge repair. The palatal gum of the right maxillary teeth was erosive and ulcerated; C and D: The patient had more than 20 maggots in his oral cavity in total. All of them were milky white and cylindrical with sharp front and blunt back. Peristalsis was obvious as well as folds in the body.

tongue were found. The ulcerated gum and the fistula of the tongue were healed. The patient was discharged on December 13, 2019. Family members were advised to maintain the patient's oral hygiene and prevent contact with flies. A head cap was suggested to prevent the patient from keeping his mouth open for a long time and prevent temporomandibular joint related dislocations.

A follow-up visit was suggested 1 mo later; however, the patient did not return due to family members' personal reasons. Upon calling, we were told the patient was in good condition. We suggested re-examination once every 3 mo.

DISCUSSION

Myiasis is prevalent in tropical and subtropical areas. In China, myiasis often occurs in southern China, which is characterized by a hot and humid climate. This is favorable for larvae growth. Zhanjiang city of Guangdong province is situated in southern China and in the subtropical area.

Most of the reported myiasis tend to be ocular myiasis and dermato-myiasis^[1]. Oral myiasis is very rarely observed. In this case, the patient's general health was poor, and he had a history of cerebral infarction. When he was brought to our hospital, he suffered from hemiplegia on the right side of the body, inconvenient movement and mental retardation. Consequently, the patient was in no condition to engage in general and oral health care. Also, there were many bad restorations in his mouth, which led to poor oral hygiene and obvious inflammation, suppuration and erosion of gums and mucous membranes. The oral environment was suitable for the larvae growth. The patient tended to engage in mouth breathing exclusively. Because flies may lay eggs or larvae near the mouth and nose, when the patient deeply inhaled, he would also inhale the eggs or larvae into the mouth, which then developed into maggots leading to the onset of the disease.

Treatment in this study included the local application of iodoform, routine oral cleaning, removal of maggots, debridement, and anti-infection therapy. We locally used iodoform to irritate the maggots and force them out of their hiding places. Other substances such as turpentine oil, mineral oil, olive oil, chloroform, creosote, phenol and calomel can also be used^[4]. Unfortunately, in the present case, the patient's bad denture was not restored because the patient could not cooperate with doctors. His relatives also thought it was unnecessary as he could not swallow or chew food and was fed *via* a feeding tube.

CONCLUSION

Early diagnosis and treatment of this infestation are essential due to the bothersome symptoms such as inflammation, intense anxiety over the larvae movement, possible serious complications, *etc*^[2,3]. Clinical staff should be familiar with this infestation, and this parasite should be considered, especially in risky patients. Necessary measures, including good sanitation, personal and environmental hygiene and special care should be adopted to prevent this disease^[4,5].

ACKNOWLEDGEMENTS

The authors acknowledge the help of all the co-workers.

REFERENCES

- 1 **Francesconi F**, Lupi O. Myiasis. *Clin Microbiol Rev* 2012; **25**: 79-105 [PMID: [22232372](#) DOI: [10.1128/CMR.00010-11](#)]
- 2 **Taş Cengiz Z**, Yılmaz H, Beyhan YE, Yakan Ü, Ekici A. An Oral Myiasis Case Caused by Diptera (Calliphoridae) Larvae in Turkey. *Turkiye Parazitoloj Derg* 2019; 213-215 [PMID: [31865659](#) DOI: [10.4274/tpd.galenos.2019.6268](#)]
- 3 **Ahmadpour E**, Youssefi MR, Nazari M, Hosseini SA, Rakhshanpour A, Rahimi MT. Nosocomial Myiasis in an Intensive Care Unit (ICU): A Case Report. *Iran J Public Health* 2019; **48**: 1165-1168 [PMID: [31341861](#)]
- 4 **Bhansali SP**, Tiwari AD, Gupta DK, Bhansali S. Oral myiasis in paralytic patients with special needs: A report of three cases. *Natl J Maxillofac Surg* 2018; **9**: 110-112 [PMID: [29937673](#) DOI: [10.4103/njms.NJMS_82_17](#)]
- 5 **Khan BA**, Nazir MB, Perveen B, Bin M. Oral and cutaneous myiasis in a five-year-old child from Karachi, Pakistan. *Infez Med* 2018; **26**: 385-388 [PMID: [30555146](#)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

