



Letters to the Editor AMJ 2013 6, 12

Orbital myiasis by *Lucilia sericata*

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Dear Editor,

We read with interest the report of Misra et al. (October issue)¹ of a case of orbital myiasis in an elderly Indian farmer from larval forms of green bottle fly, *Lucilia sericata*. We agree orbital infestation by larvae of the parasite *Lucilia sericata* is a rare entity; however their claim that no prior cases of orbital infestation by *Lucilia sericata* has been documented in literature seems unjustified.

Daniel et al. (1994) reported a case of nosocomial myiasis in a middle-aged man admitted due to oculo-facial trauma from a road traffic accident.² Larvae of *Lucilia sericata* were localised in the enucleated eye-socket, paranasal sinuses and the nasal and oral cavities of the patient. They highlight that *Lucilia sericata* larvae do not damage healthy tissues, and that penetration into deeper wounds may lead to mechanical or bacteriological complications. Chigusa et al. (2006) published a case of orbital myiasis in a severely mentally disabled woman who apparently enucleated her own eye.³ Examination of her orbital socket revealed the presence of third instar larvae of family Calliphoridae, which were reared to adults and identified as *Lucilia sericata*. Cavuşoglu et al. (2009) reported a debilitating oculo-facial myiasis by larval forms of *Lucilia sericata* in an elderly diabetic female.⁴ Skin ulcerations as a direct result of an untreated, recurrent squamous cell carcinoma involving the right malar area, the right half of the nose, and the right medial canthus in addition to poor socio-environmental conditions possibly led to the ocular infestation by the larvae of the parasite. The larvae in this case partially destroyed the nasal septum and the concha and progressed towards the cranial base. During their ascent, they destroyed the paranasal sinuses, perforated the eyeball and filled the orbital cavity. The integrity of the orbital floor was lost and the maxillary sinus and orbital cavity became continuous.

Even though larvae of *Lucilia sericata* are believed to exert beneficial effects upon chronic nonhealing wounds, including but not limited to removal of necrotic tissue, disinfection of the wound and active promotion of granulation tissue

formation⁵, their unintentional presence in open bodily cavities is marked by debilitating effects. Prompt and early intervention can help prevent sight threatening complications of ophthalmomyiasis posed by the larval forms of *Lucilia sericata*.

Sincerely,

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References

1. Misra N, Gogri P, Misra S, Singh A, Ingale A. Orbital myiasis caused by green bottle fly. *Australas Med J* 2013;6(10):504-6.
2. Daniel M, Srámová H, Zálabská E. *Lucilia sericata* (Diptera: Calliphoridae) causing hospital-acquired myiasis of a traumatic wound. *J Hosp Infect* 1994;28(2):149-52.
3. Chigusa Y, Sasaki K, Kirinoki M, Matsuda H. Orbital myiasis in a severely mentally retarded woman who apparently enucleated her own eye. *Med Entomol Zool* 2006;57(1):59-63.
4. Cavuşoglu T, Apan T, Eker E, Vargel I, Saray A. Massive oculo-facial myiasis infestation with *Lucilia sericata*. *J Am Acad Dermatol* 2009;61(1):169-70.
5. Horobin AJ, Shakesheff KM, Woodrow S, Robinson C, Pritchard DI. Maggots and wound healing: an investigation of the effects of secretions from *Lucilia sericata* larvae upon interactions between human dermal fibroblasts and extracellular matrix components. *Br J Dermatol* 2003 May;148(5):923-33.



District Health System Management Field Posting: Our experience at KIST Medical College

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Dear Editor,

KIST Medical College affiliated with Tribhuvan University Institute of Medicine follows its curriculum revised in 2008. This curriculum is community oriented and has integrated teaching learning activities. The curriculum has been divided into three phases and the district health service management course is covered during the third phase. The health service management course is designed to help students understand management concepts in general and health service management in particular. The course mainly uses two teaching learning approaches: lectures on theoretical aspects of the course; and field placements at the District Health Offices and other health service facilities. The objective of field placement is to expose the students to experiential learning on health service and clinical management. The objective of this study is to share our experiences on experiential learning of final year MBBS students on district health service management.

This experiential learning was for nine weeks: one week for orientation, five weeks for field posting, one week for report preparation and two week for presentation, finalisation and submission of report. Students were posted in the field for about five weeks in small groups by rotation to the various health institutions in three districts. The students collected information from different sources, analysed, interpreted and presented at the district to the relevant audience. After completion of field posting, each group prepared the report, presented it with learning reflections in the college and subsequently submitted to the community medicine department.

A summary of activities done and learning reflection of one of the groups is presented here as a case study.

Summary of activities done: The group was posted in three different districts namely Sindhupalchok, Kavrepalanchok and Bhaktapur from March 7 to April 2013, spending 12 days in each district. They prepared a district profile and district health profile of Sindhupalchok district, carried out critical analysis on the outpatient department (OPD) services in Chautara Hospital of Sindhupalchok district because of increased patient flow in hospital in recent years, conducted

an epidemiological study among outpatient cases of pneumonia in children under five at Methinkot Hospital of Kavrepalanchok district and prepared a five-year plan on TB Control Program at Bhaktapur district because TB is one of the major public health problems of Bhaktapur district.

Learning Reflections: From the orientation session we gained knowledge on various theoretical aspects of health management systems and learned the importance of group dynamics and coping strategies.

From the field posting we learned how to interact and build rapport with the authorities at various levels, how to adapt to the local community, understand the importance of group dynamics, gained knowledge of basic concepts of planning and management and health care delivery systems at district and zonal levels as well as in a missionary hospital, learned something about the health care delivery system of Nepal in terms of accessibility, effectiveness, limitations, costs and availability, understood the differences in the management of health care facilities between peripheral and central systems, learned about logistics management and budgeting of a peripheral health facility and how to analyse issues critically, put forward practical solutions and recommendations to address the problems, conducted an epidemiological study and learned analysis and interpretation of data, gained knowledge about importance of proper data recording system, learned about the process of planning and its use to address a public health problem.

On completion of the field activities we understood very well group dynamics and the importance of teamwork and the responsibility of being part of a group.

The District Health System Management field posting is a colossal experience for students to learn about the health care delivery system in different districts of Nepal in terms of accessibility, service delivery, effectiveness and limitations. This change was implemented because of the need of the university/institution for graduates to exhibit the qualities of five star doctors: care provider, decision-maker, communicator, community leader and manager.

Sincerely

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References

1. Curriculum for Bachelor of Medicine and Bachelor of Surgery Tribhuvan University Institute of Medicine. Revised in 2008 published by Medical Education Department, Institute of Medicine, Kathmandu, Nepal.
 2. Marahatta SB, Dixit H. Students' perception regarding medical education in Nepal. Kathmandu Univ Med J (KUMJ). 2008; 6(2):273-83.
 3. Marahatta SB, Sinha NP, Dixit H, Shrestha IB, Pokharel PK. Comparative study of community medicine practice in MBBS curriculum of health institutions of Nepal. Kathmandu Univ Med J (KUMJ). 2009 Oct-Dec;7(28):461-9.
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