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Therapeutic management of myiasis in a graded Murrah buffalo

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Abstract

Myiasis in livestock occurs as a common problem and is mostly evident during the rainy seasons. In the present study, a three-year-old graded Murrah was presented to the Veterinary Dispensary with a complaint of wound in the ear lobes. On observation of the ear lobes presence of visible maggots, necrotic tissue and foul odour with occasional discharges from the ear lobes was seen. It was treated with potassium permanganate solution, application of povidone solution, Himax ointment and Meloxicam, chlorpheniramine maleate, Ivermectin and Streptopenicilins. Good recovery is seen after 7 days of continuous treatment.

Keywords: Myiasis, livestock, graded Murrah buffalo, maggot infestation

Introduction

Myiasis is the infestation of live humans and other vertebrate animals by the larvae of dipteran flies. Based on the area of the body affected myiasis can be classified as gastrointestinal, urogenital, ocular, nasopharyngeal, auricular and cutaneous myiasis (Abdullah *et al.*, 2015) ^[1]. Prolonged moisture of the fleece and skin due to urine and faecal soiling creates favourable conditions for decomposition and foul odour there by attracting the primary blowflies, which lay eggs on the affected areas. After hatching, the larvae initiate the strike and produce tissue damage that creates a favourable environment for secondary flies.

The larvae secrete enzymes that liquefy host tissues and feed on the resulting material, leading to progressive enlargement of the lesion (Robbins and Khachemoune, 2010) ^[4]. Although the central portion of the wound may temporarily heal by scab formation, the lesion continues to extend peripherally due to ongoing larval activity. The characteristic foul smell from the lesion further attracts additional flies, resulting in repeated egg deposition and worsening of the condition. Treatments of maggotted wounds varies from person to person as there is no standard procedure (Caissie, 2008) ^[3]. Depending upon the species and site of infestation a veterinarian may handle the case in best possible way by manual removal of maggots using forceps, local dressing of the affected region and surrounding tissue and use of parenteral therapy. Knowledge of the disease is imperative from the preventive, diagnostic and curative point of view even though the disease is not a lethal disorder (Yadav & Kumar 2018) ^[5]. This case reports a myiasis wound in the auricular region of a graded Murrah.

History and Diagnosis

A three-year-old female graded Murrah buffalo was presented to the Veterinary Dispensary, Etikoppaka, Anakapalli District with the chief complaint of wounds in both lobes of the ears for the past 10 days. The owner reported the clinical signs inappetence, reduced milk yield, restlessness, foul odour and discharges from both the ears occasionally, presence of necrotic tissue and visible maggots in the ear lobes with some erythematous lesions in both ear lobes of the animal. The vitals of the animal were normal such as temperature, pulse rate, conjunctival mucous membrane and respiration rate. It was provisionally diagnosed as myiasis by the presence of maggots, necrotic wounds, foul odour from the ear lobes.

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Treatment

The wound lesions were flushed with potassium permanganate solution with help of syringe for 3-4 times by plugging the cotton into the ear lobe from preventing of potassium permanganate solution into the internal parts of the ear. Due to its irritant nature the maggots were crawling out. They were removed mechanically with help of artery forceps. The wound was treated with povidone solution as it acts as the first line of defence for the injuries. Application of Himax ointment over the wound region which initiates the process of healing of the wounds. The animal was treated with injectables like meloxicam (Melonex) @0.5 mg/kg I/M, chlorpheniramine Maleate (Histanil) @ 30-50 mg of total dose I/M, strepto-penicillin (Dicrysticin-s) @ 20,000 IU I/M and ivermectin (Neomec) @ 0.2 mg/kg S/C. The wound was kept clean with daily dressing. The animal was advised follow-up for 7 days, and the same treatment was followed. Healing of the wound and recovery was seen after 7 days of treatment.

Results and Discussion

Once the treatment started, the visible maggots were declined in 3 days. The foul odour and discharges were reduced and the wound started healing slowly upon following the successful treatment for seven days. Feed intake and milk production gradually increased and reached a normal state. Myiasis is commonly observed in livestock due to improper management and poor hygienic conditions in the farm and surrounding areas. Whenever there are any wounds and further pricking of the wounds by crows and other birds leads to oozing of blood facilitating the dipteran flies to attract and lay eggs. Eggs on hatching develop into larvae called maggots and they feed on the tissue causing necrosis leading to foul odour, discharges and sometimes may also lead to secondary bacterial infections which can worsen the conditions. Continuous irritation caused by the maggots leads to inappetence and stress to the animal. It was treated by mechanical removal of maggots using forceps and irritant substances and systemic treatment includes drugs like H1 blockers which reduces allergic reactions and NSAIDS to reduce pain and inflammation and also minimal antibiotics to prevent the invasion of secondary bacterial infections. Apart from this proper hygienic conditions were followed for successful recovery.

Though myiasis is not a lethal problem, treatment at the appropriate time is necessary to avoid secondary bacterial infections. Proper Knowledge about the disease and its treatment is of vital importance from the preventive and curative point of view. Proper treatment of the wound needs to be done promptly in the infected animals to prevent further complications. Maintenance of the farm with good hygiene practices by proper disposal of the waste material and faecal matters of the farm is to be considered so as to prevent overproduction of flies (Bowler *et al.*, 2001)^[2].

Conflict of Interest

Not available.

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