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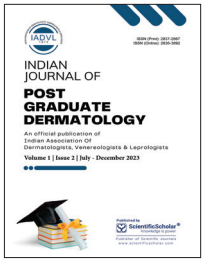

Image Correspondence

Videodermoscopy of Cutaneous Wound Myiasis

Pooja Kotian[1], Keshavmurthy A. Adya[1], Arun C. Inamadar[1]

[1]Department of Dermatology, Venereology and Leprosy, Shri B M Patil Medical College Hospital and Research Centre, BLDE (Deemed to be University), Vijayapur, Karnataka, India.

***Corresponding author:**
Arun C. Inamadar,
Department of Dermatology, Venereology and Leprosy, Shri B M Patil Medical College Hospital and Research Centre, BLDE (Deemed to be University), Vijayapur, Karnataka, India.

aruninamadar@gmail.com

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An elderly male with long-standing Type 2 diabetes presented with a chronic wound over the right foot. On examination, a solitary punched-out plantar ulcer with hyperkeratotic margins measuring about 3 × 2 cm was noted [Figure 1a]. Floor of the ulcer showed yellowish slough containing grey

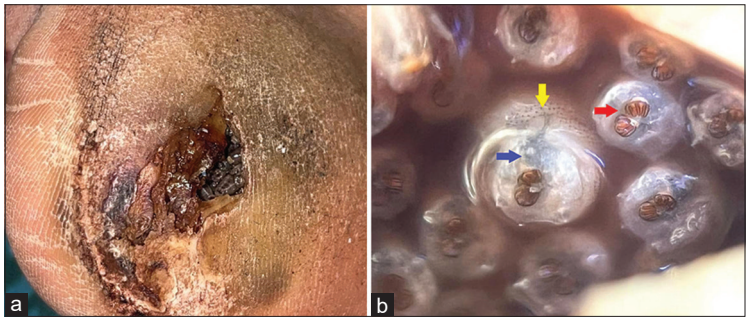
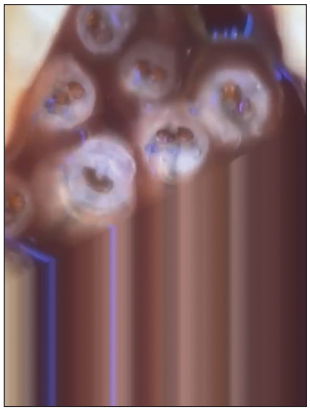


Figure 1: Punched-out ulcer with hyperkeratotic margins showing yellowish slough and multiple greyish larvae (a). Dermoscopy shows multiple mobile and greyish-white larvae with respiratory spiracles (b, red arrow), pigmented tracheal tubes (b, blue arrow) and circumferential brown dots (b, yellow arrow). (Polarised dermoscopy [DermLite™ DL3, 3Gen Inc., San Juan Capistrano, CA, USA], ×10).



Video 1: Video dermoscopy showing live mobile larvae and their morphological characteristics. (Polarised dermoscopy[DermLite™ DL3, 3Gen Inc., San Juan Capistrano, CA, USA], ×10).

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coloured larvae. Polarised dermoscopy revealed multiple, mobile, greyish-white larvae exhibiting respiratory spiracles, pigmented tracheal tubes and circumferential brown dots [Figure 1b and Video 1]. The clinical and dermoscopic features established the diagnosis of wound myiasis. The larvae most probably belonged to the Calliphoridae family based on the morphological characters.[1]

Wound myiasis refers to infestation of unattended wounds by the larvae of arthropod order Diptera. Dermoscopy assists not only in confirming the diagnosis by *in vivo* visualisation of larvae; it also helps in species identification and assists removal of the larvae not visible to the naked eye.

Declaration of patient consent

Patient's consent not required as patient's identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

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1. Gontijo JR, Bittencourt FV. Wound myiasis: The role of entodermoscopy. An Bras Dermatol 2018;93:746-8.

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