

# Ingrown nail with a subungual myiasis on the same toe: a rare case presentation (with videos)

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## Abstract

We report an extremely rare case of an ingrown nail with a subungual myiasis on the same toe in a female patient with no previous history of travel, trauma, contact with animals, immunosuppressive treatment or psychiatric disorders.

## *Case Video*

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## Abstract

We report an extremely rare case of an ingrown nail with a subungual myiasis on the same toe in a female patient who had no previous history of travel, trauma, contact with animals, immunosuppressive treatment, or psychiatric disorders.

## KEYWORDS

Myiasis, Parasitism, Larvae.

## CONSENT FOR PUBLICATION

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

## ACKNOWLEDGMENTS

Not applicable.

## CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

## FUNDING

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## ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Not applicable.

## 1 | CASE PRESENTATION

A 35-year-old female presented with a complaint of pain on her first left hallux, with an emission of foul-smelling from it.

Clinical examination revealed ingrown nail with a periungual erythema without any systemic symptoms.

During the avulsion of the nail plate, we noticed numerous Larvae on the nail bed and a newly formed nail. [Fig. 1] & [Video 1,2].

The patient lives in an urban region and had no previous history of travel, trauma, contact with animals, immunosuppressive treatment, or psychiatric disorders.

Nail avulsion was performed. The larvae were extracted with forceps, followed by surgical withdrawal of the underlying nail.

Based on the laboratory report and the clinical examination, the diagnosis of subungual myiasis was made.



**[FIGURE 1]**A: Larvae were noticed (arrow) after extraction of the affected nail plate. B: The extracted larvae from the lesion.

## 2 | DISCUSSION

The subungual location is a very rare area to be invaded by parasites. Extremely rare subungual myiasis cases have been reported worldwide. Immunodeficiency, mental illness, lack of hygiene and other risk factors increase the possibility of myiasis.<sup>1</sup> However, our patient had no risk factors related to subungual myiasis.

## REFERENCES

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