

A Case of Maggot Infestation in a Tunneled Hemodialysis Catheter: An Unusual Presentation

A 48-year-old female on maintenance hemodialysis presented with a five-day history of fever, chills, and a persistent crawling sensation around the right side of her chest near the permcath tunnel site. Examination revealed active worm emergence from the right permcath exit site accompanied by fever and chills. The patient had poor dialysis compliance, with her hemodialysis center located 50 km from her rural residence, and her symptoms appeared shortly after a period of heavy rainfall in the region.

Upon admission, maggots were observed at the exit site [Video 1], including a large maggot emerging from the tunnel [Figure 1]. The permcath was immediately removed, and surgical exploration of the catheter tunnel was performed to ensure complete debridement. Turpentine oil dressings were applied to the affected area, and the patient was treated with a course of ivermectin, albendazole, and intravenous antibiotics due to elevated sepsis markers. After appropriate treatment, the patient's wound fully healed and a new left internal jugular vein catheter was placed to resume hemodialysis.

This case presents myiasis, an infestation of dipterous larvae occurring in a tunneled hemodialysis catheter. Myiasis, often linked with poor hygiene and socioeconomic



Video 1: Still image of the video.



Figure 1: A large maggot emerging from the tunnel.

challenges, is exceptionally rare in this setting.¹ This case underscores the importance of clinician awareness, as patients with tunneled dialysis catheters who experience pruritus or crawling sensations at the exit site may be at risk. Prompt intervention, including catheter removal, local turpentine oil application, and antiparasitic therapy, was crucial for a successful outcome.²

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Conflicts of interest

There are no conflicts of interest.

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