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Introduction: Nasale Myiasis isn't a frequent pathology and especially happens in developing countries and in summer. Objective: to report a patient's case with a nasal malicious tumor that developed. Case Report: seventy year-old patient presenting a nasal malignant neoplasm and larvae, the process required specific drug, ivermectin, plus Fess. Critical aspects related to the diagnosis and care of nasal larvae are reviewed. Conclusion: Nasale Myiasis can request to be treated with drugs and surgery, and it is important to reduce risk factors for Miasis. (1.) fierro-arias I, mercadillo-páj Á © rez p, sierra-ta Á © lles d, puebla-miranda m, peniche-castellanos a, miasis forunculosis en piel cabelluda: reports de a case, presenting us \ otfÁn GrAfÁfa y revisiÁfÁn de la BibliografÁfa. DermatologÁfa cmq. 2010; 8 (1): 22-4. (2) Kim JS, SEO PW, Kim JW, GÓ JH, Jang SC, Lee HJ, et al. A nasal Myiasis in a 76-year-old female in Korea. Korean J Parasitol. 2009 dec; 47 (4): 405-7. 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A Salud. Revista de Salud PÁ Sapuvel Áblica. 2011 Jul-Dec; 2 (2): 95-132. Case report43-year-old woman who lives in the urban area of Tenerife, with no regular contact with livestock and no recent trip abroad: seen due to a foreign body sensation, pain and redness of the conjunctiva of the right eye in the course of 24 hours, after accidental eye contact with a fly. Following the examination, the presence of 1 mm measuring eight length transparent larvae was observed in the nasal and temporal conjunctiva, which were extracted and sent to the medical microbiology department. Here, after examination under a microscope, translucent larvae were observed, presenting an upper mouth pole with hooks horn-shaped attached to a cephalopharyngeal skeleton and a prominent caudal ends with a double bulge and several hooks. They have been identified as the first stage larvae (L1) of the oestrus ovis1 species (Figs. 1 and 2). Clinical courseWith the diagnosis of ocular myiasis caused by Oestrus ovis and after the complete extraction larvae, with two drops of tobramycin 3mg / ml eye drops a day and a drop of artificial tears four times a day have been prescribed for week. Fifteen days after the myiasis eye episode, the patient reported rhinitis symptoms that were treated with rupataday 10mg / day for seven days, without visible improvement, and therefore was reported for an ear counseling, the nose e The throat where, after a further examination with a fibrescope video, the presence of a larva of the first stage was observed in the left nasal cavity around the middle metro. Following this discovery and the possibility of the patient who develops myiasis nasal, a single dose of ivermectin 12mg has been administered, relieving symptoms without new episodes.commentsStrus Ovis is one of the most known species to cause Myaias in sheep. Their distribution is cosmopolitan, with a high prevalence in areas with warm and humid climates.2 adult females deposit their L1 larvae in the nasal cattle orifices, subsequently invading the paranasal sinuses and becoming L level larvae L2 and L3. The L3 larvae then return to the nasal cavity and are expelled on the ground through sneezing, where they continue to develop in adults.2 this species occasionally causes zoonoses in humans, particularly in the subjects involved in cattle breeding. Myiasis ocular is the most common clinical demonstration and is mainly reported in Central America, 3 South Africa4 and the Mediterranean basin, 5 and Spain6 during the spring-summer season. This infection occurs after the L1 larvae are projected on the eyeball during the flight of adult flies, giving rise to the irritative conjunctivitis caused by the action of peaks in the larvae on the cornea and the conjunctiva Piepebrale.7 Nasal Myiasis can also potentially develop to Cause of an initial nasal infection8 or a complication of the eye-piece myiasis. The latter is caused by the migration of L1 larvae from the ocular bulb to the nasal cavity, 9 through the nasolacrimal conduit. The case described suggests an episode of the external eye-piece myiasis along with a probable initial case of myiasis nasal due to complications from the first. Most cases of myiasis ocular is solved with an extraction of complete larvae, applying anesthetic to the conjunctival sack to immobilize the parasite. Topical corticosteroids and antibiotics can be used in order to prevent potential bacterial superinfections.5 However, given the possibility of developing the subsequent nasal Myiasis and the difficulty for the full larvae the extraction, the clinical follow-up is fundamental, allowing the early diagnosis of the aforementioned complication and its treatment with ivermectin.9 in the Canary Islands, reported cases of Mylisis are rare in both humans and animals.10 However, it could be an emerging underlying disease, given the need for Send samples to the Department of Medical Microbiology for their identification. Myiasis prevention measures must be applied and considered in animals.0.7fondating the authors declare that they have not received funding to complete this study. Eachs of interest The authors declare that they have no conflicts of interest. Please mention this article: SANTE FERNÁfÁndez L, HernÁfÁndez-Porto M, Tinguaro V, Lecuona FernÁfÁndez M. Ophthalmowics y Miasis Nasale Por Oriento Ovis en Paciente Resident en Las Islas Canarias With caracterÁsicas epidemiolÁgicas little frecuentes. Enferm infec microbiol clim. 2017; 35: 461 - 462. Copyright © 2015. Elsevier EspaÁ ± a, S.L.U. and Sociedad EspaÁ ± a de enfermedades infecciosas y microbiologÁfa clÁfnica clÁfnica

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