

## A Rare Site of Parasitic Granuloma

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### ABSTRACT

Parasitic infection is common infestation encountered. Poor hygiene, barefoot walking, sexual contact, consumption of uncooked food, contact with infected feces are the modes of transmission of parasite in a human Body. Parasitic infection may lead to Anemia, malnourishment, generalized weakness<sup>(1)</sup>.

**Key Words:** Filarial Nematode, Anthelmintic drugs.

### INTRODUCTION

Parasitic disease is most commonly transmitted by Parasitic Infestation. Parasites mostly invade the body through skin and mouth. Close contact with animals can also lead to parasitic infestation.

### CASE

30 year old patient came to OPD with a complain of swelling below the left eye. Patient was apparently alright 1 month back when he started noticing a small swelling below his left eye. It was gradual in onset and size of swelling gradually increased.

There was no history of pain, fever, and discharge through swelling.

On examination his vitals were stable.

Local examination revealed approximately 2x2 cm swelling on tear trough area below eye of left side of face. It was firm in consistency. No local rise of temperature. There was no discharge from swelling. It was non tender on palpation.



His routine OPD basis investigations such as CBC, HIV, HbsAg, HCV, BSL(R) was sent. All Investigations were within normal Limits.

Excision of swelling was planned under Local Anaesthesia.


Patient was given supine position in minor OT. Painting and drapping of affected area was done. 5ml of 2 % lignocaine was injected around the affected area under aseptic precaution. Incision over swelling

was taken. Granuloma was visualized and was surrounded by tuft of small tortuous capillaries. Granuloma was excised sparing the blood vessels. Hemostasis was maintained. Antiseptic solution followed by saline wash was given. All the layers of skin

were sutured with 4-0 ethilon and dressing was done.

Specimen was sent for histopathology

Histopathology report revealed parasitic granuloma suggestive of filarial Nematode.

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**Central Clinical Laboratory- SMCW & SUHRC**

**Patient details** Date : 18/03/2021  
Name : GANESH BHASKAERRAO DESHMUKH Registration ID: SUHRC0076449  
Age/Sex : 25(Y)/M Ward/OPD :  
History/Diagnosis :

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**HISTOPATHOLOGY REPORT**

**HPE NO:-** 284/21

**Specimen:** Right medical canthus swelling for HPE

**Gross:** Received unlabeled specimen with name Ganesh Deshmukh. Received single encapsulated tissue bit measuring 1 × 0.5 × 0.3cm. Cut section variegated whitish brown. Multiple bits submitted  
All processed.


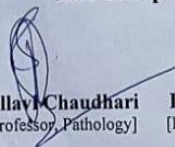
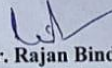

**Grossed by:** Dr. Pratiksha Sharma

**Microscopy:** Section studied shows cyst wall lined by flattened cuboidal epithelium. Underneath shows fibromuscular tissue with congested blood vessels.  
A cystic cavity shows the cut section of parasite with chitinous exoskeleton.

**Impression:** Parasitic granuloma suggestive of filarial nematode.  
Kindly correlate clinically.

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**End of report**

 **Dr. Sayali Deshmukh** [Asst. Professor, Pathology]  **Dr. Pallavi Chaudhari** [Asst. Professor, Pathology]  **Dr. Rajan Bindu** [Professor, Pathology]  **Dr. Anand Bhosale** [HOD & Professor, Pathology]

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Patient was discharged on the next day of procedure along with oral Antibiotics, antacid and analgesic drug for 7

days. On 8<sup>th</sup> post-operative day sutures were removed with no signs of infection.



After the histopathology report confirmation patient was given a single dose of anthelmintic drug.

Patient has no complains and was vitally stable after suture removal

### DISCUSSION

Parasitic infestation followed by granuloma formation occurs in response to chronic inflammation<sup>(2)</sup>. Early intervention is essential to avoid complications like abscess formation and deeper invasion of parasite. Proper postoperative management is important to avoid surgical site infection.

### CONCLUSION

Parasitic Granuloma requires surgical intervention followed by adequate postoperative antibiotic and anthelmintic drugs with proper follow-up<sup>(3)</sup>. Diagnosis is done with clinical correlation and pathological analysis.

**Acknowledgement:** None

**Conflict of Interest:** None

**Source of Funding:** None

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