Amblyomma Testudinarium Tick Infestation Masquerading As a Lid Mass in Children: A Rare Case Series
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Abstract: Authors report a series of 3 patients with an age range between 4 months to 14 years presented to opd, as a rapidly progressing lid mass with a short history of 3 days duration. Close examination revealed an insect attached to the lid margin. Microscopic examination of the specimen confirmed as a tick, of genus Amblyomma Testudinarium. Tick infestation of ocular tissues is rare, although a few cases of tick infestation of the eyelid have been reported. No amblyomma cases have been reported previously, hence we report a case series of Amblyomma Testudinarium of the eyelids in paediatric age group, from the southern part of India. To the best of our knowledge, one of our patients is the youngest reported from India and across the world. This article highlights keen examination, diagnostic challenge and the parasitic infestation in infants.

Keyword: Amblyomma Testudinarium, Tick infestation, eyelids.

INTRODUCTION
Ticks are acarine ectoparasites of the genus Ixodes that are adapted to blood sucking. They obtain nutrition from other animals [1]. There are 2 classes of Tick which are responsible for the diseases in humans: Hard Ticks (family Ixodidae) and soft ticks (family Argasidae). Soft ticks take smaller, quicker blood meals at short intervals & transmit pathogens more quickly (within a minute of biting) than the hard ticks (hours or days).

However, hard Ticks are more common and more likely to transmit diseases [2]. They are the excellent vectors of several pathogen including bacteria, viruses, spirochetes, rickettsiae, protozoa & nematodes. Commonest tick borne diseases are Lyme borreliosis, Rocky mountain spotted fever, Crimean - Congo hemorrhagic fever, Kysanur forest disease, tickborne encephalitis, Q fever, tularemia [1,3-7]. The first human case of tick bite was reported in 1982, since then approximately 40 cases have been reported in the literature.

CASE REPORT
Case 1
An 11 year old male patient presented to our hospital with a swelling of lower eyelid margin in left eye, which-progressively increased over 3 days, along with itching and mild pain. There was a history of exposure to dogs. On slit lamp examination, a small brown lesion on the lower eyelid margin near the medial canthus was seen. On careful slit lamp examination an insect body was confirmed, projecting his legs out of the body which were hidden behind the swollen body.

Case 2
In a 4 month old male child, mother gave a similar history of eye lid mass which was increasing in size since 3 days. In both the above cases the ticks fell off spontaneously within the hospital premises. It was found that blood was oozing from the attachment site, which was cleaned with normal saline and povidone iodine solution.

Case 3
A 14 year old girl, who presented with a similar history of lower lid growth which increased in size in 2 days with a history of trip to marshy island. The tick was removed with a blunt forceps. Visual acuity was 20/20 in both eyes. Anterior segment and fundus examination was normal in all the three cases. Prophylactically, Oral doxycycline 100mg bd for a week was given to the older patients and, topical chloramphenicol with steroid ointment was given in the night for one week.

Samples were sent later to the microbiology department, which confirmed the genus Amblyomma Testudinarium of the family Ixodae. None of our
patients during subsequent follow up neither showed any features suggestive of systemic tick borne diseases, nor did they present with any ocular inflammation, indicating the non-infective nature and hence were not subjected to any systemic investigations. Complete removal should be done to prevent late complications like granuloma or inflammatory and infectious skin abscess. It is important to start antibiotic prophylaxis after the tick removal.

Fig-1a: Small brown lesion near the medial canthus in left eye

Fig-1b: After removal of the tick from the lid margin

Fig-2: Ventral aspect of the tick showing anus, y shaped groove, and 4 pair of legs

DISCUSSION

Ticks are the blood sucking ectoparasites of the family Ixodidae. The genus *Amblyomma* is one of the largest ticks among the hard ticks. *A. testudinarium* is known to be a tropical tick and found mainly in the Indian Peninsula, South East Asia, including Myanmar, Thailand, Malaysia, Indonesia, the Philippines, Taiwan, and Japan. The frequent location involved by *A.
**REFERENCES**