Thelazia callipaeda discovered by chance during cataract surgery

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DESCRIPTION

A 79-year-old man presented to our institution with discomfort and dimness of vision in the left eye. On examination, his visual acuity was 20/40 in the right eye and 20/100 in the left eye. The intraocular pressures were 16 mm Hg in both eyes. Slit-lamp examination revealed conjunctival hyperaemia and nuclear sclerotic cataracts bilaterally. The patient requested left eye cataract surgery to be performed. Seven days after presentation, we performed cataract surgery on his left eye. After topical anaesthesia, the ocular surface was irrigated with 5% povidone-iodine solution for 30 s. At that time, we observed a white, thread-like, live and mobile worm in the lower conjunctival sac (figure 1). However, a few seconds later the worm was dead. We recommended that the cataract surgery be delayed. The patient agreed and the cataract surgery was delayed for a month. The worm was

removed with a pair of forceps, and was identified as an adult male *Thelazia callipaeda* (figure 2A,B). In addition, pharmacological treatment was not needed.

T callipaeda is a parasitic nematode and the most common cause of thelaziasis in humans and dogs. Its presence in the conjunctival sac causes lacrimation and irritation. Case reports of human thelaziasis has increased in several areas of Asia, predominantly in rural communities with poor living and socioeconomic standards and mainly affects the elderly.¹ In this instance, the patient engaged in farming activity which involved the gathering of wild vegetables in the mountains. Dogs were also raised in his residential village.

Learning points

- ▶ Although *Thelazia callipaeda* infestation is rare, it may be a cause for ocular discomfort.
- ▶ *T callipaeda* usually lies in the conjunctival sac or lacrimal apparatus, causing ocular surface disease.
- ▶ Always keep in mind that a detailed history and careful slit-lamp examination are the most important tools required for a correct diagnosis.

Contributors JHK, SJL and MK treated the patient and in doing so acquired the case data. They were also involved in the drafting of the manuscript. All the authors read and approved the final manuscript.

Figure 1 Photograph of the collected *Thelazia callipaeda* (arrow) from patient's eye (gross appearance).

Figure 2 Light microscopic views of the *Thelazia callipaeda* male worm; head part (A) and tail part (B).

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