



Cutaneous myiasis, hemoplasmosis, and bartonellosis in an apparently healthy domestic cat in Cartagena, Colombia: A case report

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Abstract

Cats may develop conditions that predispose them to trauma and subsequent infection by dipteran larvae, as well as acquire zoonotic infections such as ectoparasitic infestations and haematropic microorganisms. We present the first report from Cartagena, Colombia, of a clinical case involving a domestic cat with no prior reported history of disease, found to have cutaneous myiasis and suspected infection by haematropic agents. The cat exhibited haemodynamic instability, lethargy, depression, and loss of appetite. Blood count revealed bacteraemia, and non-regenerative anaemia. The metabolic profile showed increased urea and amylase, hypoalbuminaemia, and hypoalbuminemia. Blood parasite microscopy (Wright staining) identified forms compatible with *Mycoplasma* spp. and the diagnosis was confirmed by multiplex PCR, which detected co-infection with *Mycoplasma* spp, *Candidatus* spp, and *Bartonella* spp. Surgical removal and antibiotic therapy with doxycycline (10 mg/kg/day for 30 days), liver protector multivitamin, mineral, and glucose supplements and topical application of a clotrimazole conjugate, neomycin, betamethasone, zinc oxide, and lidocaine were indicated. Facial reconstruction was performed using a direct closure technique. Infections caused by dipteran larvae and haematropic microorganisms should be considered due to the high possibility of Zoonosis and risk of severe disease in companion animals. Molecular epidemiology studies are needed to determine the prevalence of these diseases in the area where the clinical case study was conducted.

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Introduction

Domestic cats (*Felis silvestris catus*) tend to explore and mark their territory—especially males—due to their independence, self-sufficiency, and curiosity. This behaviour may lead them to temporarily leave their habitat and engage in confrontations with other animals resulting in bodily injuries. In unsanitary environments, this can lead to diseases such as myiasis and haemoparasite infections. Myiasis is a condition in which animals are infested with dipteran larvae. It can be obligatory, where a living host is required for the fly to develop, or facultative, where flies use

decomposing tissue for their larval development (1). Another risk associated with in aggressive interactions is ectoparasitic infestation such as cat fleas (*Ctenocephalides felis*) (2) and ticks (*Amblyomma* spp) (3) which can infect them with haematropic microorganisms. We present the clinical case of a domestic cat with no prior reported history of disease that presented myiasis with skin involvement, mycoplasma infection, and bartonellosis.

Materials and methods

Ethical considerations

This report is subject to the principles of beneficence and non-maleficence and has the informed consent of the owner, ensuring the confidentiality of data.

Subject and clinical examination

A 3-year-old male, mixed-breed, black-and-white cat was admitted to a veterinary clinic in Cartagena, Colombia, with multiple dipteran larvae on its face. The cat belongs to a family living in a low socioeconomic neighbourhood according to the classification of the National Administrative Department of Statistics (DANE Colombia). Its guardian states that the cat disappeared from home for seven days and apparently prowled around public rubbish dumps, reappearing three days prior to the consultation, with an initially erythematous and purulent lesion on its face with the presence of fly larvae. The lesion progressed rapidly until multiple ulcerative lesions were evident, among which the larvae were found. Subsequently, 5 cc of cephalexin were administered. The cat's behaviour changed to lethargy, depression, and loss of appetite. The owner reports that the cat was adopted at 2 months of age, has had all vaccines (no vaccination card shown), is fed commercial food, and has no history of ectoparasitic infestations or previous illnesses.

On physical examination upon admission, the cat's body condition score was 4 out of 10 (ideal thin), heart rate was 144 beats per minute, respiratory rate was 48 breaths per minute, blood pressure was: 120/74 mmHg, mean arterial pressure (MAP) was 89.33 mmHg, and capillary refill time of 2 to 3 seconds with a dehydration status was 8-10%. The mucous membranes were dry, pale, and sclerotic without icterus. Areas of alopecia and generalised skin desquamation were observed, with a lesion located on the right side of the face adjacent to the auricle, measuring 10 centimetres in diameter with irregular edges and a serous exudate and necrotic surface with the presence of multiple dipteran larvae exposing the subcutaneous cellular tissue (Figure 1). No other abnormalities were found on physical examination.

Haematological analysis and pathological examination

A complete blood count was performed, revealing normocytic, heterogeneous hypochromic anaemia, thrombocytopenia, and leucocytosis with increased in lymphocytes, MID cells (*mid-sized white blood cells, specifically monocytes, eosinophils, and basophils*), and neutrophils. The metabolic profile showed increased azotaemia and amylase, hypocalcaemia, and hypoalbuminaemia (Table 1). Due to severe dehydration, deep skin infection, cutaneous myiasis, and suspected feline haemotropic mycoplasma infection with a probable differential diagnosis of feline viral leukaemia, the patient was hospitalised and Fluid therapy was initiated with 8%

rehydration and subsequent maintenance doses (60 ml/kg/day) using 5% dextrose and 0.9% sodium chloride, organ preparation therapy (Mucosa naris suis DB, Mucosa oris suis D8, and Mucosa pulmonis suis D8), anti-inflammatory and analgesic phytotherapy, urinary tract infection adjuvant (Rinom®), and coenzyme Q10. Due to signs of skin infection with necrosis and possible secondary bacteraemia, ampicillin sulbactam was indicated at a dose of 30 mg /kg/day.

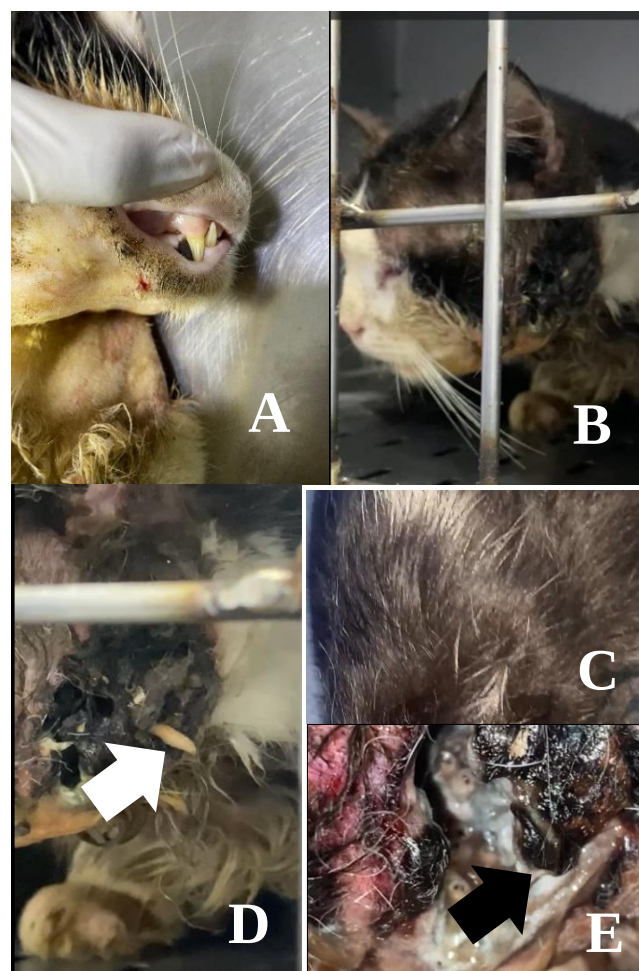


Figure 1: Skin lesions secondary to myiasis and ectoparasites. The patient presented with a. pallor of the mucous membranes; b. areas of partial alopecia, subcutaneous erythema, and a furunculus-appearing lesion on the right lateral region with irregular borders, a seropurulent and necrotic base, and the presence of dipteran larvae; c. generalized desquamation; d. Multiple perforations caused by the larvae were observed, one of them emerging from the ulcerative lesions (white arrow), which appeared cream-colored, with body rings; e. and two dark spots in the anterior area (black arrow).

Table 1: Laboratory test results

Hemogram	Parameters	Result	Unit	Reference values
	Erythrocytes	6.46	10*12 Cells/Liter (L)	4.6-10.0
	Haemoglobin	8.2	grams/decilitres (g/dl)	9.3-15.3
	Haematocrit	26.1	%	28.0-49.0
	MCV	40.5	Femtoliters (fL)	39.0-52.0
	MCH	12.6	Picogram/cell (pg)	13.0-21.0
	MCHC	31.4	g/dl	3.0-38.0
	RDW_CV	13.7	%	14.0-18.0
	RDW_SD	24.2	fL	30.4-43.1
	Leukogram			
	Leukocytes	65.4	10*9/L	2.9-17.0
	Lymphocytes	51.9	%	12.0-45.0
	Lymphocytes	33.9	# 10*9/L	0.8-7.0
	MID (mid-sized white blood cells, specifically monocytes, eosinophils, and basophils)	6.1	%	2.0-9.0
	MID	4.0	# 10*9/L	0.0-1.9
	Granulocytes	42.0	%	35.0-85.0
	Granulocytes	27.5	# 10*9/L	2.1-15.0
	Platelets	70	10*9/L	100-514
	MPV	6.9	fL	5.0-9.0
	PDW	7.7	fL	1.0-30.0
	PCT	0.04	%	0.09-1.0
	P_LCR (Platelet Large Cell Ratio)	0.0	%	20.0-75.0
	P_LCC (Platelet Large Cell Count)	0	10*9/L	10-250
Biochemistry blood test		Result	Units	Reference values
	ALP (Alkaline phosphatase)	41	Units/Liter (U/L)	0-111
	ALT (Alanine transaminase)	96	U/L	0-116
	BUN (Blood Urea Nitrogen)	53.2	Milligrams/decilitres (Mg/dl)	13-37
	Urea	149.6	Mg/dl	27.8-79.2
	Creatinine	4.92	Mg/dl	0.7-2
	Glucose	140	Mg/dl	53-150
	Prothrombin	6.0	G/dl	5.7-8.9
	Albumin (A)	2.4	G/dl	2.5-4.6
	Total Bilirubin	0.7	Mg/dl	0.0-0.9
	Amylase	420	U/L	500-1600
	PHOS (Phosphate)	5.2	Mg/dl	3.1-7.5
	Ca (Calcium)	7.8	Mg/dl	8-12
	#C-Ca	9.1	Mg/dl	8-12
	Na (Sodium)	148	Mmol/L	142-164
	K (Potassium)	3.6	Mmol/L	3.5-5.8
	#Globulin (G)	3.6	G/DL	2.6-5.1
	#A/G	0.7	Mg/dl	0.5-1.3
	#B/C	25.2	Mg/dl	13.0-20.0
	#Na/K	41	Mg/dl	32-41

Surgical management

On the second day, results of the blood parasite microscopy (Wright staining) were received indicating forms compatible with *Mycoplasma* spp. That same day, after haemodynamic stabilisation, the patient was transferred

to the operating room (ASA classification 2). Sedation was induced with a combination of dexmedetomidine (3 µg/kg) and ketamine (5 mg/kg), with maintenance using ketamine at the same dose. A regional peripheral nerve block was performed, and topical ophthalmic lubricant was applied

prophylactically to prevent exposure keratitis. The patient was positioned in the lateral decubitus position contralateral to the lesion. A wide trichotomy of the affected area was performed, followed by cleaning with an iodine and chlorhexidine solution, to remove debris, crusts, and superficial necrotic material.

To extract larvae, a detailed inspection of the wound was carried out, revealing multiple fistulous openings with mobile larvae in the subcutaneous tissue. Using haemostatic forceps and adequate lighting, the larvae were completely mechanically extracted. Subsequently, copious irrigation with sterile saline solution was performed to remove debris and larval remains.

Surgical debridement of necrotic tissue was then performed using a scalpel and Metzenbaum scissors. Facial reconstruction was performed using a direct closure technique. Wound edges were sutured together by a continuous simple suture using 2-0 polydioxone. The ventral portion of the wound was left partially open for serous drainage. Finally, aseptic technique was used with hydrogen peroxide, and topical treatment was applied to stimulate granulation tissue and re-epithelialization, along with bactericidal treatment using Neomycin Sulphate, Allantoin, Lidocaine, zinc oxide, and Kalaya oil (Figure 2. Surgery Video). The cat was also neutered during the surgery.

For diagnostic confirmation of infection by *Mycoplasma* spp., a real-time multiplex polymerase chain reaction (qPCR) test was performed for feline haemoparasites [*Bartonella* spp., *Rickettsia* (*Rickettsia* spp., *Anaplasma* spp., *Ehrlichia* spp., *Wolbachia* spp., *Orientia* spp.), *Mycoplasma* spp., and *Candidatus* spp.]. The presence of *Bartonella* spp., *Mycoplasma* spp., and *Candidatus* *Mycoplasma* spp. was confirmed.

The patient progressed well and was discharged on the third day of hospitalization with doxycycline (10 mg/kg/day for 30 days), liver protector (meloxicam, multivitamin, mineral, and glucose supplement), gastric protector (calendula suspension). For the skin lesion, treatment with Chlorhexidine, Etamsylate, topical application of Clotrimazole conjugate, Neomycin, Betamethasone, zinc oxide, and Lidocaine was indicated.

The patient was evaluated two days after surgery and was found to be in good general condition, active, and with increased appetite. The guardian accepted the management and evolution; however, the cohabitants did not provide the necessary care for the surgical wound, presenting suture dehiscence on the fourth day after surgery, which was corrected with topical Rifampicin and the guardian was again explained the relevant general care for the patient. Currently, the surgical wound is healing well, and the patient is in better general condition, with recovery of activity and food intake (Figure 2c).



Figure 2: Surgical findings and postoperative condition. a. Debridement of necrotic tissue was performed, removing larvae at different stages of maturation (the third stage takes between 6 and 12 days after the fly lays its eggs); b. The patient responded well to facial reconstruction performed using the direct closure technique; c. After correction of the suture dehiscence and the new antimicrobial treatment, the patient showed an improved general condition.

Discussion

The clinical case presents two pathologies in a privately owned feline with no apparent previous illness that could have been acquired through contact with animals infected with ectoparasites and the transmission of blood parasites

such as *Bartonella* spp., *Mycoplasma* spp., and *Candidatus Mycoplasma* spp. Due to its territorial behaviour, the cat may have experienced traumatic events that could have led to infestation by dipteran larvae.

Cutaneous and furunculus myiasis involves subcutaneous tissue and has been described as being caused mainly by species of *Dermatobia hominis* (exclusive to the Neotropical region), *Cordylobia anthropophaga* (exclusive to sub-Saharan Africa), *Cordylobia rodhaini* (found in the rainforests of Africa), *Cuterebra* spp. (found in the Americas), and *Wohlfahrtia vigil* (found in North America) (5). In cats, larvae of the species *Cuterebra* spp. have been reported to cause furuncular (cutaneous), neurological, ophthalmic, oral, and respiratory myiasis (6). *Dermatobia hominis* (*D. hominis*) has also been reported as another species of the subfamily Cuterebrinae that acts as an agent of obligatory furuncular myiasis in cats in Brazil, Venezuela, and Australia (6-9). *D. hominis* larvae hatch and penetrate the host's skin, accessing the dermis. Each larva forms a furuncular lesion (10). In Colombia, it has been reported in dogs (11) and humans (12,13). The main risk factor for cutaneous and furuncular myiasis in cats and dogs is roaming for hunting purposes or, in the case of privately owned animals, remaining outdoors in infested areas (14). Another factor is traumatic myiasis, which occurs when larvae feed and develop in open traumatic lesions. Non-traumatic predisposing conditions include immobility, ectoparasite infestations, skin diseases, and inadequate surgical outcomes, as well as the inability to groom oneself, such as in cases of obesity (15).

Likewise, PCR confirmed that the patient had co-infection with hemotropic microorganisms such as *Mycoplasma* spp, *Candidatus Mycoplasma* spp, and *Bartonella* spp. Infection by Haemoparasites depends on several circumstances such as adequate control of ectoparasites, age, free or semi-domestic lifestyle, infection with *Feline leukaemia virus* (FeLV), previous diseases, and sometimes no specific risk factor has been identified (16-18). Environmental and geographical conditions are important for dissemination. In regions of Latin America and the Caribbean, other factors have had an influence, such as lack of awareness about animal welfare, economic restrictions, difficulty in accessing veterinary care, lack of responsible pet ownership, and socioeconomic and ecological factors, such as globalization, increased international trade, tourism and travel, climate change, and greater mobility of pets (19).

In Medellín, Colombia, studies have been conducted to assess the frequency of hemotropic agents in cats, finding *Rickettsia* spp. (0.21%), *Babesia* spp. (0.35%), *Ehrlichia* spp. (0.49%), *Dirofilaria* spp. (0.64%), *Anaplasma* spp. (0.7%), *Hepatozoon* spp. (5.4%), *Mycoplasma* spp. (24.4%), and *Bartonella* spp. (37.9%). The co-infections detected for two hemotropic agents were *Bartonella* spp. and *Mycoplasma* spp. (7.9%), *Bartonella* spp. and *Hepatozoon*

spp. (2.1%), *Mycoplasma* spp. and *Hepatozoon* spp. (2%), and *Ehrlichia* spp. and *Anaplasma* spp. (0.5%). They found that, out of 15 blood counts from infected cats, 11 did not show significant alterations. Two of the positive cats showed moderate and severe anaemia and reticulocytes of 0.9% and 0.4%, respectively. Only one individual positive for *Mycoplasma* spp. had thrombocytopenia and three platelets in the lower limits (20).

The patient in our case presented with non-regenerative anaemia with thrombocytopenia. One of the hemotropic microorganisms in this case was *Mycoplasma* spp., bacteria that affect the erythrocytes of various mammals worldwide. Three species are known to affect cats: *Mycoplasma haemofelis* (Mhf), *Candidatus Mycoplasma haemominutum* (CMhm) and *Candidatus Mycoplasma turicensis* (CMt), which can cause severe or fatal haemolytic anaemia (2,21). Moreover, the cat presented skin infection from exposure to the infestation by the dipteran larvae.

Another agent was the species *Bartonella* spp., infectious pathogens transmitted by vectors with a serious impact on animal and human health. In both cats and humans, transmission occurs mainly after a cat scratch with claws contaminated with bacteria from flea faeces (22). A systematic review to assess the global impact of *Bartonella* spp. on pet health showed a consistently high prevalence in regions located between latitudes -40 to -30 or latitudes 30-40, being higher in young animals (<1 year, p-value = 0.001), with a free-roaming lifestyle (p-value <0.0001), and/or with ectoparasite infestation (p-value = 0.004). Among the species detected in cats worldwide, *Bartonella henselae* (13.05%) was found, followed by *Bartonella clarridgeiae* (1.7%), and *Bartonella koehlerae* (0.11%) (23). Colombia, due to its climatic biodiversity, has conditions conducive to parasite-vector-host interaction because of the massive ectoparasitic infestations distributed in most geographical areas. The same happens in Bolivia and Ecuador (24).

One of the members of the veterinary team, who had no significant history of illness, was attacked by the patient, causing a laceration on the skin of her hand from the scratch. Four days later, she presented with a fever averaging 37.8 °C, myalgia in all extremities, dizziness, mild headache, and an enlarged lymph node in the left cervical chain measuring an average of 1.6 x 1.5 centimetres. With no other symptoms, prophylactic treatment with doxycycline (100 mg every 12 hours for 7 days) was indicated, and she showed improvement after 48 hours. No laboratory tests were performed. Recommendations for humans exposed to injury from a scratch by a cat infected with *Bartonella* spp. include expectant management without antibiotic prophylaxis, except in the presence of risk factors such as immunodeficiency, deep wounds, or the onset of symptoms suggestive of the disease (25,26). Studies have shown the efficacy of other treatments such as Amoxicillin (27), Amoxicillin-Clavulanate, Azithromycin, and Rifampicin

(25,28). In the case of the exposed member, Doxycycline was indicated due to better gastrointestinal tolerance.

One limitation of this report is that no screening was performed for possible pathologies that cause immunodeficiency in cats. Furthermore, the specific genotype of the hemotropic agents was not identified, nor was the specific taxonomy of the type of fly larva that caused the myiasis performed. Further field studies are required to expand the molecular epidemiology in this region of Colombia.

Conclusion

This case presents clinical conditions of simultaneous infections in a domestic cat with no apparent previous diseases. The event of absence from home and the need for territorial marking in an unhealthy environment could have influenced the exposure of wounds that were infected with dipteran larvae and the transmission of haemoparasites that led to an advanced stage of the disease. Other transmission mechanisms such as transplacental and ectoparasites should not be ruled out. Genetic and molecular epidemiological studies are necessary to investigate the interaction between genetic susceptibility, the environment, and diseases in the population of the clinical case.

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Conflict of interest

The authors declare that there are no conflicts of interest regarding the publication and/or funding of this manuscript.

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النفخ الجلدي، داء الهيموبلازما، وداء بارتونيلوسيس في قطة منزلية صحية على ما يبدو في كارتاجينا، كولومبيا: تقرير حالة

بيدرو بولا إسبيجو^١، ماريا لينا سيمانكاس موغول أوشن^١،
ماريانا لوك إرما مير فونتالفو^٢، ديليا فونتالفو ريفيرا^٢

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الخلاصة

قد تتطور القطط إلى ظروف تهيئها للصدمة والعدوى اللاحقة بواسطة يرقات ديبتييران، فضلاً عن اكتساب الالتهابات الحيوانية المنشأ مثل نقشي الطفيليات الخارجية والكانتات الحية الدقيقة الموجهة للدم. نقدم التقرير الأول من قرطاجنة، كولومبيا، عن حالة سريرية تتعلق بقطط منزلية لم يتم الإبلاغ عنها مسبقاً من المرض، وتبين أنها مصابة بداء عضلي جلدي وتشبه في إصابتها بعوامل تخثر الدم. أظهر القط عدم استقرار الدورة الدموية والخمول والاكتئاب وفقدان الشهية. كشف تعداد الدم عن تجرثم الدم وفقر الدم غير التجديدي. أظهر المظهر الأبيض زيادة اليوريا والأميليز ونقص ألبومين الدم ونقص ألبومين الدم. الفحص المجهرى لطفيليات الدم (تلطيخ رايت) الأشكال المحددة المتوافقة مع الميكوبلازما النيبية. وتم تأكيد التشخيص عن طريق تفاعل البوليميراز المتسلسل المتعدد، الذي اكتشف العدوى المشتركة مع الميكوبلازما النيبية، والمانديداتوس النيبية، والبارتونيل النيبية. تمت الإشارة إلى الاستئصال الجراحي والعلاج بالمضادات الحيوية باستخدام الدوكسيسيكليين (١٠ مجم/كجم/يوم لمدة ٣٠ يوماً)، ومكملات الفيتامينات المتعددة، والمعادن، والجلوكوز، والتطبيق الموضعي لاتفاق كلوتريمازول، والنيوميسين، والبيتاميثازون، وأكسيد الزنك، واليدوكاين. تم إجراء إعادة بناء الوجه باستخدام تقنية الإغلاق المباشر. يجب مراعاة الالتهابات التي تسببها يرقات ديبتييران والكانتات الحية الدقيقة الموجهة للدم بسبب الاحتمال الكبير للإصابة بالأمراض الحيوانية المنشأ وخطر الإصابة بأمراض خطيرة في الحيوانات المصابة. هناك حاجة إلى دراسات علم الأوبئة الجزيئية لتحديد مدى انتشار هذه الأمراض في المنطقة التي أجريت فيها دراسة الحالة السريرية.