

episiotomy and normal vaginal delivery resulted soon afterwards without any instrumentation. Her recovery was uneventful and she was discharged from the hospital 3 days later.

The incidence of transverse lie of the second twin in twin pregnancy is reported to be 12%<sup>1</sup>. After the delivery of the first twin, the second twin *in utero* is at risk because of reduced uteroplacental circulation<sup>2</sup>. Attempts to deliver the retained second twin vaginally after vaginal delivery of the first twin may not only be unwise but impossible, more so in fetal malpresentations. Prompt delivery in such cases by operative means thus may become necessary. While operative delivery for a live retained twin is well accepted: the decision to operate and deliver a dead fetus is debatable. Apart from the uterine scar, the psychological trauma to the patient can not be overlooked.

The uterine relaxation effect of  $\beta$ -adrenergic drugs has been of use in obstetrics to retard preterm labour and uterine hyperactivity and manual removal of placenta<sup>3</sup>. Tocolysis with  $\beta$ -adrenergic drugs is now an established practice and ritodrine, terbutaline and salbutamol are the commonly used agents<sup>4</sup>. Salbutamol inhalation was given to our patient, so that internal version of the fetus and subsequent normal vaginal delivery might be attempted, but our patient had an uneventful normal vaginal delivery without any version procedure. We believe that due to uterine relaxation, the shoulder presentation became disimpacted resulting in normal vaginal delivery as facilitated by a fully dilated cervix and continued uterine contractions. Destructive operation and piecemeal extraction of the dead fetus is an option in such cases but these procedures require a very meticulous selection of patients and are usually performed by an experienced and skilful obstetrician. We strongly recommend that equipment for decapitation and piecemeal extraction of the dead fetus should be available to avoid Caesarean section in such situations.

In conclusion, a patient who presents with retained second twin due to transverse lie following vaginal delivery of the first twin may be given a trial of salbutamol inhalation, to allow normal delivery to occur before resorting to version and extraction or destructive procedure thereby avoiding Caesarean section.

S GUPTA  
B SINGH  
M PURI

Department of Anaesthesia,  
Lady Hardinge Medical College and Associated  
Hospitals, New Delhi 110 001, India

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#### A case of intestinal myiasis

Certain species of diptera namely *Musca calliphora* and *Sarcophaga haemorrhoidalis* can complete their development in the gut: we report such a case in a patient with chronic diarrhoea.

A 32-year-old farmer presented with a 3-year history of passing worms in the stools. The associated symptoms included dull abdominal pain, vomiting and intermittent diarrhoea. The clinical symptoms were refractory to antihelminthic treatment. Physical examination revealed nothing abnormal except for anxiety. All laboratory tests were normal. Barium meal follow through, stigmoidoscopy and barium enema were also normal but stool specimens revealed live maggots identified as belonging to the family *Musca calliphora*.

This patient is interesting because obligatory gut parasites of animals do not develop in humans: those species which cause intestinal myiasis are facultative or accidental parasites for man<sup>1</sup>. In our case, instead of ingested larvae dying they survived possibly on account of a concurrent gut infection. Larvae have been reported to cause damage to mucous membranes, or haemorrhagic infiltrations, demonstrated by severe vomiting and diarrhoea. Experimental ingestion of maggots of *Musca calliphora* and *Sarcophaga* produced in 50 of 60 volunteers intestinal cramps or diarrhoea, which disappeared within 48 h of the larvae being dispelled.

The disease is selflimiting. Better sanitation or health education constitute the preventive measures against this condition.

S SHENOY  
G PRABHU  
P N S RAO  
D K VENKATRAMANA  
R RAJAN  
L NARAYANAN

Kasturba Medical College,  
Diagnostic Centre,  
Chandra Building,  
Balmatta,  
Mangalore, Karnataka,  
South India

Correspondence to: Dr Baljit Singh

Correspondence to: Dr Shalini Shenoy

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