

Case Report

Cutaneous Pseudomyiasis Associated with *Psychoda* sp. (Diptera: Psychodidae) in a Pediatric Patient: A Case Report from Italy

Barbara Moroni , Matteo Riccardo Di Nicola * , Alberico Franzin * , Maria Vittoria Riina, Pier Luigi Acutis, Elena Bozzetta and Elena Biasibetti

Istituto Zooprofilattico Sperimentale del Piemonte, Liguria e Valle d'Aosta, 10154 Turin, Italy; barbara.moroni@izspltv.it (B.M.); mariavittoria.riina@izspltv.it (M.V.R.); pierluigi.acutis@izspltv.it (P.L.A.); elena.bozzetta@izspltv.it (E.B.); elena.biasibetti@izspltv.it (E.B.)

* Correspondence: matteoriccardo.dinicola@izspltv.it (M.R.D.N.); alberico.franzin@izspltv.it (A.F.)

Abstract

Psychodid flies are non-parasitic insects commonly found in humid domestic environments, where larvae develop in organic matter within drains. Human pseudomyiasis caused by these flies is a rare and often neglected condition, typically involving urogenital or intestinal tracts. Most cases are reported in Southeast Asia and the Middle East, while occurrences in Europe and Africa remain uncommon. This study reports the first documented pediatric cutaneous pseudomyiasis case associated with a psychodid larva in Italy. A 4-year-old girl presented with a small (0.5 cm) subcutaneous swelling on the right arm, showing dark discoloration and a protruding structure. No pruritus or systemic symptoms were observed. A partially removed larval specimen was analyzed using morphological and molecular approaches. Morphological analysis confirmed that the specimen was a dipteran larva; however, its degraded condition precluded reliable determination of the larval instar. Molecular characterization targeting the mitochondrial cytochrome c oxidase subunit I (COI) gene assigned the specimen to the genus *Psychoda* (family Psychodidae). These findings are consistent with an incidental recovery of a psychodid larva and support an interpretation of pseudomyiasis rather than true myiasis. This case highlights the role of interdisciplinary collaboration between pediatricians and entomologists and a One Health approach in diagnosing unusual parasitological conditions.

Keywords: psychodid flies; drain fly; cutaneous lesion; One Health; entomology



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1. Introduction

Psychodid flies are small, non-parasitic insects commonly associated with humid environments in human dwellings, where their larvae develop in organic material accumulated in drains, sewage systems, and other concealed sites rich in moist organic matter, where they feed on biofilms and decomposing material rather than living tissues [1,2].

Despite their saprophagous habits, these insects may occasionally be involved in accidental contact with humans, giving rise to conditions broadly classified as pseudomyiasis.

Myiasis refers to the infestation of living vertebrates by dipteran larvae that feed on living or necrotic host tissues or fluids and are biologically adapted to develop within the host, whereas pseudomyiasis involves non-parasitic larvae that accidentally come into contact with the host without true parasitic development and are unable to complete their life cycle in humans [3–5].

Clinical manifestations of myiasis are commonly categorized according to the anatomical site involved, with cutaneous forms representing the most frequent presentation in humans, whereas cavitory localizations, including gastrointestinal, urogenital, ocular, and ear–nose–throat involvement, are less common [2,5].

Within this context, psychodid flies (Diptera: Psychodidae) are typically implicated in pseudomyiasis, as their larvae do not require a host to complete their life cycle but may opportunistically colonize body cavities under favorable conditions.

Because of this saprophagous biology, together with their need for access to air through posterior respiratory structures, the ability of psychodid larvae to survive and develop within the human body for prolonged periods remains biologically questionable [1,2,4,6].

Human pseudomyiasis caused by psychodid larvae is considered a neglected and likely underdiagnosed condition, most commonly involving the urogenital tract, followed by intestinal localization [1,2,4,6]. The predominance of urogenital cases is generally linked to poor sanitary conditions, exposure to contaminated water, and the proximity of breeding sites such as household drains. Clinical manifestations of affected individuals are related to the anatomical site of larval detection and encompass a highly heterogeneous spectrum, ranging from asymptomatic presentations or nonspecific complaints to dysuria, local irritation, and increased urinary frequency in cases of urogenital involvement, whereas gastrointestinal and nasopharyngeal cases are generally associated with vague abdominal discomfort, nausea, or nasal irritation. However, in most reports larvae were identified incidentally in excreta or environmental samples rather than within clinically confirmed lesions, and the overall symptomatology is more consistent with accidental exposure or foreign-body contamination than with true parasitic infestation [4].

Most reported cases originate from Southeast Asia and the Middle East, where environmental and hygienic conditions may favor human contact with larval stages. Recent literature reviews have highlighted an increasing number of reports from these regions, suggesting that the condition may be more common than previously recognized [1,2,4]. In contrast, reports from Europe remain scarce, possibly reflecting both lower exposure risk and under-recognition by clinicians and microbiologists. Despite the fact that the scientific literature widely reports these infestations, particularly involving the urogenital tract, the underlying biological mechanisms responsible for this apparent predilection remain unclear, and it is still uncertain whether it is mainly due to increased exposure in humid environments with poor sanitary conditions or to other predisposing factors.

Accordingly, the actual role of psychodid flies in human myiasis remains controversial. Recent critical appraisals have emphasized that many published psychodid-associated cases were not supported by unequivocal clinical, entomological, or epidemiological evidence of true infestation, and that in several instances larvae were observed in urine, stool, or domestic sanitary environments rather than being directly documented within the lesion itself [1,2,6]. This diagnostic uncertainty is further supported by the Turkish case series by Özkeklikçi, in which 11 patients presenting with alleged worms in the urine were ultimately found not to have true urogenital myiasis after appropriate re-evaluation, careful specimen collection, and environmental assessment [6]. Similarly, the recent Portuguese pediatric report concluded that psychodid larvae found in stool and urine samples were more plausibly related to pseudomyiasis or environmental contamination than to true intestinal or urinary infestation [2]. In Italy, cases of dermatoses caused by ectoparasites are increasingly reported in the scientific literature, including cutaneous myiasis in pediatric patients, with some of these cases being initially observed by general practitioners and subsequently referred to hospital dermatology specialists and medical entomologists for further evaluation and diagnosis [7–9].

The objective of this study was to report the first documented pediatric cutaneous case of pseudomyiasis associated with a psychodid larva in Italy, highlighting an unusual clinical presentation in a geographic area where such conditions are rarely described.

2. Materials and Methods

2.1. Case Report

A 4-year-old girl was brought to a pediatric outpatient clinic in Turin (Italy) for evaluation of a small subcutaneous lesion located on the right arm, measuring approximately 0.5 cm in diameter. The lesion was characterized by a localized dark discoloration beneath the skin and the presence of a dark-colored structure partially protruding externally (Figure 1A). According to the patient's history, the father reported having noticed the lesion approximately three weeks to one month earlier but had initially underestimated it, assuming it to be a splinter; its increase in size likely went unnoticed, with no associated pruritus, pain, or history of trauma. No systemic symptoms, including fever or behavioral changes, were reported.

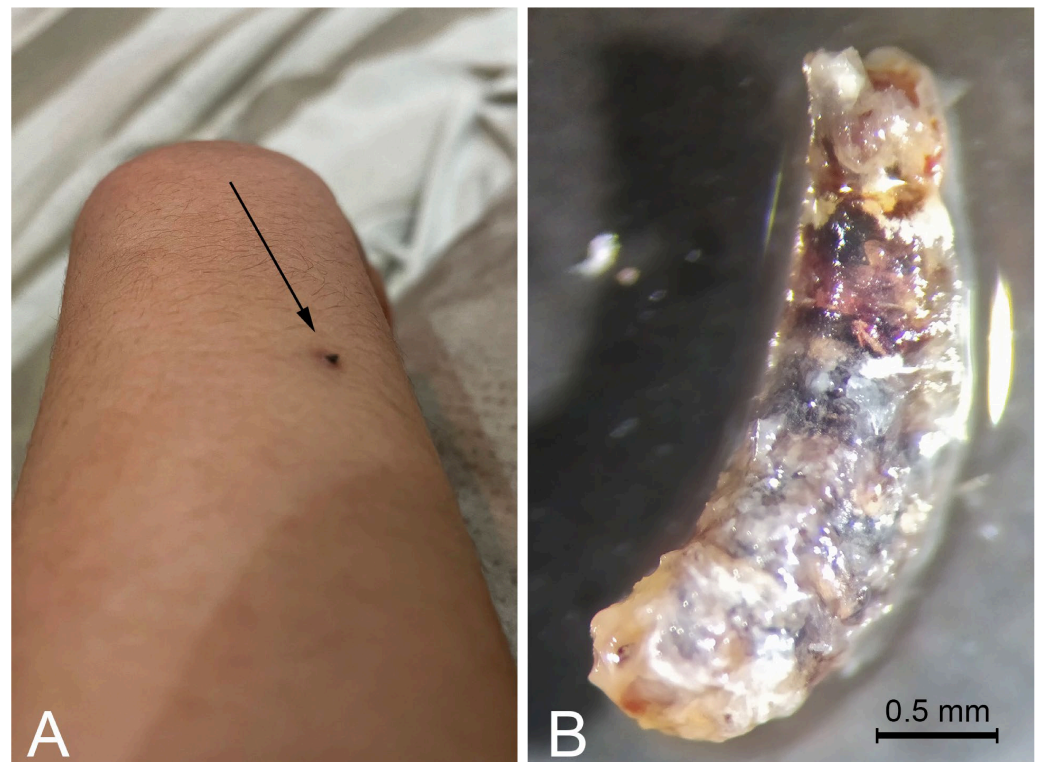


Figure 1. Gross skin lesion on the arm of the pediatric patient (A) and microscopic aspect of the larva extracted from the skin (100× magnification) (B).

Clinical examination revealed a small, well-circumscribed swelling with mild local inflammation and no signs of secondary infection. No pharmacological treatment was prescribed. During the examination, the pediatrician partially removed a foreign body from the lesion. The remaining material was collected and submitted to the Entomology Laboratory of the Istituto Zooprofilattico Sperimentale del Piemonte, Liguria e Valle d'Aosta (Turin, Italy) for further identification.

At follow-up, the lesion healed uneventfully without recurrence or secondary infection.

2.2. Morphological Identification

Immediately after removal, the larval specimen was placed in sterile saline solution to prevent desiccation and preserve any remaining morphological features. Upon arrival at the

laboratory, the sample was measured, photographed, and subjected to both macroscopic and microscopic examinations, and preserved in 70% ethanol solution at 4–5 °C until molecular analysis.

Microscopic analysis was performed under a stereomicroscope at different magnifications using morphological keys [10–12].

2.3. DNA Extraction, PCR Amplification and Sequencing

Genomic DNA was extracted from all available residual larval material (<25 mg) using the ReliaPrep™ gDNA Tissue Miniprep System (Promega, Madison, WI, USA), according to the manufacturer's instructions. Molecular identification was attempted using the broad-range insect COI assay described by Köppel et al. [13], targeting a short fragment of the mitochondrial cytochrome c oxidase subunit I (COI) gene. The COI fragment was amplified using primers Ins3.2F and Ins3.3R, following the cycling conditions described by Köppel et al. [13]. This pan-insect system was designed to amplify DNA from a wide range of insect taxa while limiting amplification of non-target vertebrate DNA, a relevant aspect given the possible presence of host-derived DNA in the sample. The COI amplicon was subjected to Sanger sequencing, and the resulting consensus sequence was compared with reference sequences available in GenBank using BLASTn (<https://blast.ncbi.nlm.nih.gov/Blast.cgi>; accessed 26 June 2026). As an additional molecular marker, the mitochondrial cytochrome b (cytb) gene was targeted using the universal animal primers mcb398 and mcb869, following the PCR conditions described by Verma and Singh [14]. Given the broad taxonomic range of this assay, sequencing results were interpreted cautiously because of the possible amplification of host-derived vertebrate DNA. PCR products were visualized by electrophoresis on a 2% agarose gel before sequencing.

3. Results

The specimen was considered non-viable because it was completely immobile, markedly sclerotized, and embedded within a dense layer of host-derived material, likely representing a cystic or inflammatory reaction, which obscured direct visualization of part of the superficial surface. The specimen measured approximately 4.5 mm in length and appeared brown in color (Figure 1B). It was markedly degraded, lacking the cephalic region and respiratory spiracles, and several diagnostic anatomical features were no longer recognizable, limiting detailed morphological identification. Based on its size and the morphological features preserved, the specimen was identified as a dipteran larva. The larva exhibited distinct metameric, annulated segmentation of the body (Figure 1B), with each segment bearing a sclerotized dorsal plate and bristles, although the latter are not clearly visible in Figure 1B because of the lighting conditions. These characteristics are consistent with the morphology of dipteran larvae as described by Williams et al. [11]. Based on its size and the remaining morphological features, the specimen was considered compatible with a late-stage dipteran larva, although this assignment should be regarded as provisional in the absence of fully diagnostic morphological structures. Amplification and sequencing of the COI marker yielded a 285 bp consensus sequence, which was deposited in GenBank under accession number PZ574987. BLASTn analysis showed the highest similarity with congeneric sequences deposited as *Psychoda* sp. (98.23% identity; 99% query cover). Since the best matches were not identified to species level, the specimen was assigned to the genus *Psychoda*, without reliable species-level identification.

The cytochrome b marker did not provide an informative result for larval identification, as the approximately 470 bp PCR product obtained by amplification yielded, after Sanger sequencing, a sequence consistent with preferential amplification of host-derived human

DNA. Therefore, this marker was not considered reliable for taxonomic assignment of the larval specimen.

4. Discussion

The present case describes the direct association of a psychodid larva (*Psychoda* sp.) with a localized cutaneous lesion in a pediatric patient, representing an uncommon and clinically relevant finding. The lesion was initially nonspecific and could easily have been misinterpreted as a benign dermatological condition or a retained foreign-body reaction, highlighting the diagnostic challenges posed by such presentations. Given the biological characteristics of psychodid larvae, their long-term survival in the human body is unlikely [1,2,4]; therefore, reported cases likely represent accidental skin colonization or pseudomyiasis rather than true parasitic infestation.

As highlighted by Mathison et al. [4], a critical review of the morphology, biology, and current published reports on the alleged involvement of psychodid flies in human myiasis indicates that these insects are unlikely to establish or sustain infestations in humans. Their anatomical characteristics and physiological requirement for oxygen are inconsistent with prolonged survival and development within the human alimentary or urogenital tract [4]. Furthermore, unlike dipteran larvae known to feed on human tissues, psychodid larvae lack the morphological adaptations typically associated with parasitic behavior, such as a reduced sclerotized head capsule and other specialized structures [4,11,12]. Consequently, the authors emphasize that the mere detection of psychodid larvae should not be considered sufficient evidence of myiasis in the absence of robust epidemiological, parasitological, and clinical findings. Accurate taxonomic identification of the larvae, detailed documentation of specimen collection, and a clear temporal and clinical correlation between larval detection and the patient's symptoms are essential to distinguish true myiasis from incidental findings or pseudomyiasis [12].

Our case demonstrated a clear temporal and anatomical association between the psychodid larva and the patient's cutaneous lesion, as the larva was directly extracted from the skin by the pediatrician as a foreign body and promptly sent to the entomology laboratory. Although the larva was anatomically associated with the lesion, no evidence of secondary bacterial infection was observed, and neither topical nor systemic treatment was required following larval removal. These findings suggest that the larva was responsible for a superficial, likely accidental, tissue penetration rather than an established parasitic infestation. Moreover, the finding of a non-viable larva further supports the absence of colonization and reproduction.

Nevertheless, the source of exposure and the exact timing of contact with the host remain unknown, precluding definitive conclusions regarding the route and circumstances of infestation. Moreover, in the absence of histopathological documentation, lesions associated with tissue involvement cannot be conclusively demonstrated. Therefore, when psychodid larvae are recovered in association with superficial skin lesions, a conservative interpretation is warranted unless active tissue colonization or embedment is directly demonstrated.

The cutaneous localization on the arm is particularly unusual, as most documented cases involve the urogenital or, less frequently, the intestinal and oral tract [1,4].

Within the available literature, psychodid-associated human cases have been reported predominantly in relation to the urogenital tract. In the systematic review of human urogenital myiasis by Faridnia et al., *Psychoda* spp. represented the most frequently reported genus, accounting for 23.7% of all reviewed urogenital cases, with women more commonly affected than men and the vagina being the most frequently involved site in female patients [15]. In the review specifically focused on *Clogmia albipunctata*, most reports were categorized as urogenital, followed by intestinal cases, whereas nasopharyngeal and oral presenta-

tions were distinctly less frequent [1]. Individual European reports are likewise largely confined to urogenital or gastrointestinal presentations, including several Turkish cases attributed mainly to *Psychoda albipennis*, as well as more recent European pseudomyiasis-oriented reports and reviews that stress the need for a cautious interpretation of these findings [2,16,17].

In contrast, cutaneous involvement by psychodid larvae appears to be exceptionally rare and poorly documented. This is relevant because cutaneous myiasis, when true, is usually associated with dipteran taxa that are biologically adapted to tissue invasion, such as facultative and obligate myiasis-causing species, whereas psychodid flies are generally free-living nuisance flies whose ecology does not support an obligate or even stable parasitic interaction with human skin [1,5].

The Italian literature is particularly limited in this respect. In their review of human-associated myiasis in Italy, Zammarchi et al. [18] showed that autochthonous cases were overwhelmingly dominated by *Oestrus ovis*, while non-*Oestrus* cases were rare and mainly represented by wound myiasis due to Sarcophagidae or Calliphoridae. Importantly, they also identified a previous Italian case attributed to *Clogmia albipunctata*, described as nasal myiasis in an adult woman, indicating that psychodid-associated human findings in Italy are not entirely unprecedented, although they remain distinctly exceptional [18]. However, based on the available reviewed literature, no pediatric cutaneous case attributable to a psychodid larva appears to have been documented in Italy so far.

The present case also underlines the diagnostic value of integrating morphology with molecular tools. The specimen was markedly degraded and lacked several key anatomical structures, which limited detailed morphological assessment and prevented reliable species-level identification. This condition is most likely attributable to the fact that the larva was recognized as a foreign body in the child's skin, potentially triggering a localized granulomatous response. Such a reaction could have prevented the larva from developing further, possibly halting its life cycle and leading to its destruction. The possible formation of granulomatous tissue around the larva may highlight the role of the host's immune response in controlling accidental infestations or pseudomyiasis, and could explain why the larva was morphologically damaged at the time of removal.

Under these circumstances, COI-based molecular analysis was essential to support classification to the genus *Psychoda*. This combined approach is particularly useful in unusual parasitological findings, in which specimens may be incomplete, damaged, or recovered after partial manipulation, and where morphology alone may not be sufficient for a robust taxonomic assessment.

From an epidemiological perspective, the route of exposure remained unclear. No evident contact with typical psychodid breeding sites or other specific environmental risk factors was identified during anamnestic investigation. Nevertheless, exposure to contaminated moist substrates in either domestic or community settings cannot be excluded. As already suggested in the recent literature, the apparent rarity of such cases in Europe may reflect lower exposure but also under-recognition, diagnostic uncertainty, and the difficulty of distinguishing true clinically relevant findings from incidental or misleading ones [1,2,4].

This case should also be interpreted in light of some limitations. No histopathological examination was available, precluding direct assessment of the local tissue reaction and definitive evaluation of true tissue invasion. In addition, further dermatological characterization of the lesion, including specialist evaluation or imaging, was not available. Finally, the degraded condition of the specimen restricted morphological interpretation and prevented species-level identification.

Our findings also highlight the value of interdisciplinary collaboration between clinicians, diagnostic laboratories, and entomologists in the assessment of arthropod-associated conditions in human patients. Such multidisciplinary cooperation, consistent with the One Health approach, has been recognized as essential for accurate diagnosis, species identification, and appropriate clinical and epidemiological management in previously reported cases of dipteran larval infestations [7,8,19].

More broadly, this report supports the importance of preventive attention to sanitation and damp microhabitats where contact with psychodid larvae may be favored. Further investigations are warranted to clarify the true incidence of psychodid-related pseudomyiasis in Italy and to better understand potential risk factors in domestic and community environments.

5. Conclusions

In conclusion, this case highlights the diagnostic challenges associated with the detection of dipteran larvae in human patients, particularly in pediatric settings and in the context of uncommon cutaneous localizations. It underscores the importance of an integrated diagnostic approach combining careful morphological evaluation and, when available, complementary techniques to ensure accurate taxonomic identification and appropriate clinical interpretation. Furthermore, similar cases are likely to be substantially underdiagnosed and underreported, as specimens are often not submitted to specialized diagnostic laboratories with expertise in medical entomology, where accurate identification can be achieved.

Greater attention should be paid to both school and household environments, where exposure events may occur unnoticed or be misinterpreted, particularly in children. From a broader perspective, future epidemiological studies should aim to investigate the origin, distribution, and risk factors associated with psychodid-associated pseudomyiasis on a larger scale, relying on robust identification of the etiological agents and a standardized characterization of the associated clinical manifestations.

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Informed Consent Statement: The case was reported using anonymized clinical information, and written informed consent for publication was obtained from the patient's parent.

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References

1. Akhoundi, M.; Ranorohasimanana, N.M.; Brun, S.; Kauffmann-Lacroix, C.; Izri, A. *Clogmia albipunctata* (Nematocera; Psychodidae) as the etiologic agent of myiasis: True or false? *Diagnostics* **2022**, *12*, 2129. [[CrossRef](#)] [[PubMed](#)]
2. Resende, M.M.; Caniço, J.; Flores, M.M. Intestinal and urinary pseudomyiasis by *Psychodinae* larvae in an adolescent: A fact, fallacy, or harmless spectator? *Cureus* **2025**, *17*, e77482. [[CrossRef](#)] [[PubMed](#)]
3. Robbins, K.; Khachemoune, A. Cutaneous myiasis: A review of the common types of myiasis. *Int. J. Dermatol.* **2010**, *49*, 1092–1098. [[CrossRef](#)] [[PubMed](#)]
4. Mathison, B.A.; Madriz, I.; Pritt, B.S.; Curler, G. Psychodid flies and their implicated role in human myiasis and pseudomyiasis. *J. Clin. Microbiol.* **2024**, *62*, e01200-23. [[CrossRef](#)] [[PubMed](#)]
5. Francesconi, F.; Lupi, O. Myiasis. *Clin. Microbiol. Rev.* **2012**, *25*, 79–105. [[CrossRef](#)] [[PubMed](#)]
6. Özkeklikçi, A. Investigation of pseudo-urogenital myiasis and errors in diagnosis. *Trop. Doct.* **2024**, *54*, 123–125. [[CrossRef](#)] [[PubMed](#)]
7. Paolino, G.; Moroni, B.; Podo Brunetti, A.; Cerullo, A.; Mattozzi, C.; Gaiera, G.; Cirami, M.; Zilio, D.; Valenti, M.; Carugno, A.; et al. Ectoparasite- and vector-borne-related dermatoses: A single-centre study with practical diagnostic and management insights in a One Health perspective. *J. Clin. Med.* **2026**, *15*, 851. [[CrossRef](#)] [[PubMed](#)]
8. Barlaam, A.; Putignani, L.; Pane, S.; Bianchi, P.M.; Papini, R.A.; Giangaspero, A. What's in a child's ear? A case of otomyiasis by *Sarcophaga argyrostoma* (Diptera, Sarcophagidae). *Parasitol. Int.* **2022**, *87*, 102537. [[CrossRef](#)] [[PubMed](#)]
9. Giangaspero, A.; Barlaam, A.; Pane, S.; Marchili, M.R.; Onetti Muda, A.; Putignani, L.; Hall, M.J.R. Accidental nasal myiasis caused by *Megaselia rufipes* (Diptera: Phoridae) in a child. *J. Med. Entomol.* **2021**, *58*, 121–124. [[CrossRef](#)] [[PubMed](#)]
10. Zumpt, F. *Myiasis in Man and Animals in the Old World: A Textbook for Physicians, Veterinarians and Zoologists*; Butterworths: London, UK, 1965.
11. Williams, F.X. Biological Studies in Hawaiian Water-Loving Insects. Part 3: Diptera or Flies—C. Tipulidae and Psychodidae. *Proc. Hawaii. Entomol. Soc.* **1943**, *11*, 313–378.
12. Mathison, B.A.; Pritt, B.S. Laboratory Identification of Arthropod Ectoparasites. *Clin. Microbiol. Rev.* **2014**, *27*, 48–67. [[CrossRef](#)] [[PubMed](#)]
13. Köppel, R.; Schum, R.; Habermacher, M.; Sester, C.; Eugeni Piller, L.; Meissner, S.; Pietsch, K. Multiplex real-time PCR for the detection of insect DNA and determination of contents of *Tenebrio molitor*, *Locusta migratoria* and *Acheta domestica* in food. *Eur. Food Res. Technol.* **2019**, *245*, 559–567. [[CrossRef](#)]
14. Verma, S.K.; Singh, L. Novel universal primers establish identity of an enormous number of animal species for forensic application. *Mol. Ecol. Notes* **2003**, *3*, 28–31. [[CrossRef](#)]
15. Faridnia, R.; Soosaraei, M.; Kalani, H.; Fakhar, M.; Jokelainen, P.; Zolfaghari Enameh, R.; Banimostafavi, E.S.; Ziaei Hezarjaribi, H. Human urogenital myiasis: A systematic review of reported cases from 1975 to 2017. *Eur. J. Obstet. Gynecol. Reprod. Biol.* **2019**, *235*, 57–61. [[CrossRef](#)] [[PubMed](#)]
16. Culha, M.G.; Turker, K.; Ozsoy, S.; Serefoglu, E.C. Urogenital myiasis caused by *Psychoda albipennis*. *Saudi Med. J.* **2016**, *37*, 1401–1403. [[CrossRef](#)] [[PubMed](#)]
17. Gökçe, D. Synanthropic *Clogmia albipunctata* causing urogenital and gastrointestinal myiasis. *Turk. Parazitol. Derg.* **2020**, *44*, 182–184. [[CrossRef](#)] [[PubMed](#)]
18. Zammarchi, L.; Giorni, A.; Gabrielli, S.; Strohmeyer, M.; Cancrini, G.; Bartoloni, A. Human oestriasis acquired in Florence and review on human myiasis in Italy. *Parasitol. Res.* **2014**, *113*, 2379–2385. [[CrossRef](#)] [[PubMed](#)]
19. Moroni, B.; Barlaam, A.; Misia, A.L.; Peano, A.; Rossi, L.; Giangaspero, A. *Dermanyssus gallinae* in non-avian hosts: A case report in a dog and review of the literature. *Parasitol. Int.* **2021**, *84*, 102378. [[CrossRef](#)] [[PubMed](#)]

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