

The Myiasis Case of Margret Anvil

Including 8 pages of case-related materials (in no particular order)

This fictional case parallels real cases we have consulted on, including misspellings, letters, and medical forms (although in real cases the medical records are MUCH longer). Although the lawyer's letters are similar to real letters, most commonly we are contacted initially by phone call.

Case developed by Addison R. Higley

Case review and teacher's notes by Leon Higley and Amanda Roe. Maggot photo (not of a real wound) by Leon Higley.

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Jerry A. Francis

Francis Law Firm, J. F.
XXX Diamond Street
P. O. Box XXXXX
Council Bluffs, Iowa XXXXX-XXXX

Dear Forensic Scientist,

The Francis Law Firm which I own and operate, handles civil cases typically involving medical malpractice cases. I am writing you to request your expertise in forensics as there is a forensics element to my current case. While I cannot disclose all of the relevant details to you in this letter, allow me to provide you with some generalities regarding the case. If you find that you would be able to provide scientific expertise relevant to this case, you will likely be required to testify in court assuming we are unable to settle outside of court.

Though at this time since you are not employed as a consultant or expert testimony for my law firm, and therefore are not privy to confidential details regarding the case, I can tell you the following.

1. My client underwent heart surgery at a hospital.
2. During the surgery a vein in my client's thigh was removed as part of the operation.
3. After the operation my client was discharged to the care of a nursing home for postoperative care, and general care after postoperative healing was complete.
4. After some time in the nursing home a necrotic wound infected with maggots was noted at the site of my client's vein harvest site, and my client was transferred back to the hospital.

If you are willing to assist me in this manner, I would ask for you to determine when the maggot infestation occurred in my client. Assuming you are willing and able to accept this task, I will send you additional documentation (medical records and pictures) so that you can determine the time of the maggot infestation.

Sincerely,

Jerry A. Francis

Jerry A. Francis
Francis Law Firm, J. F.
XXX Diamond Street
P. O. Box XXXX
Council Bluffs, Iowa XXXX-XXXX

Dear Forensic Scientist,

I was pleased to see that you have agreed to assist me in this case. When you are finished please send me a copy of your case report as well as an invoice for your billable hours. I have attached a number of files which you can use to make your estimate regarding the time of infestation. The client in question is Margret R. Anvil.

Please find enclosed:

- Medical Records from Bleeding Heart Hospital (BHH) - Emergency Department
- Medical Records from BHH Lewis and Clark Hospital
- Medical Records from BHH and Anchored Arbor Nursing Home
- Photograph of Margret R. Anvil's wound with maggots

Sincerely,

Jerry A Francis

Medical History and Exam

Patient: Margret R. Anvil

Acc No: XXX

Medical Record No: XXX

Attending Physician: Munde, Barshal D. MD Admit date: 07/15/06

Dictating Physician: Munde, Barshal D. MD

Date of Procedure: 07/15/06

Physician: Barshal D. Munde, MD

Procedure Performed: Physical exam.

PHYSICAL EXAM:

HEAD: Nothing remarkable.

Torso: Recent surgical scarring and bandaging near breast plate. Incisions found to be clean and healing requiring no additional immediate attention.

EXTREMITIES: The right lower extremity has a 12-cm necrotic ulcerations on the antier surface, beneath the necrotic eschar is a significant amount of maggot.

Procedure Performed: Taking of history.

HISTORY OF PRESENT ILLNESS: Patient was interviewed about her present illness. This is a 69 year old woman. Patient indicated she had recently undergone tripple bypass surgery. Patient indicated that the scarring and healing cuts on her chest were from the heart surgery in question. Patient also indicated that the site of the necrotic eschar on her right extremity was initially an incision from the surgery. Further questioning revealed that the necrotic eschar on her right extremity was the vein graft site. A maggot infestetation had been noted at the vein graft site by personnel at Anchored Arbor Nursing Home during the morning hours of 07/15/06. Patient was brought to ER and scheduled to OR for debridment.

ER recommendation for surgical debridment of necrotic eschar and tissues was confirmed.

History

Patient: Margret R. Anvil

Acc No: XXX

Medical Record No: XXX

Attending Physician: Munde, Barshal D. MD Admit date: 07/17/06

Dictating Physician: Munde, Barshal D. MD

Date of Procedure: 07/17/06

Physician: Barshal D. Munde, MD

Procedure Performed: History of present illness.

History: Patient was admitted to the hospital on July 15, 2006. This is a 69-year-old white woman. At the time of admittance, she had evidence of some maggot infestation. The area was relatively cleaned by large eschar and necrotic tissue was present. The patient had an infected vein graft site in her right leg. It was debrided on July 15, 2006, and had maggot infestation. This woman had undergone heart surgery before being moved to a nursing home for aftercare. During the heart surgery her right calf was opened and used as a vein graft for the procedure. After the heart surgery the patient was released to the care of a nursing home for aftercare. She came back in through the emergency room on July 15, 2006, with infection in her right calf wound at the saphenous vein harvest site and maggots were found growing in the wound. I spoke to Dr. Toboggan and actually Dr. Toboggan said the maggots have pretty well debrided most of the necrotic tissue. Although there was a large eschar and some necrotic tissue present. The patient was scheduled for debridement and the operation was performed on July 17, 2006, without complication.

JOB#: XXXXXX

DD: 07/17/06

DT: 07/19/06

TRANS: XXXXXX

OPERATIVE REPORT

Patient: Margret R. Anvil

Acc No: XXX

Medical Record No: XXX

Attending Physician: Slice, Dice N. MD Admit date: 07/15/06

Dictating Physician: Slice, Dice N. MD

Date of Procedure: 07/15/06

Physician: Dice N. Slice MD

Procedure Performed: Debridement.

Preoperative Diagnosis: Maggot-infested necrotic wound, right leg.

Indications: Patient was admitted to the ER with a necrotic eschar on her right leg. Patient's previous care provider had noted maggots present at the sight of the eschar. The patient had previously undergone heart surgery. The patient had her right saphenous vein harvested. This wound has become infected and necrotic and infested with maggots.

Procedure: The patient was on propofol drip. The site of the wound was sterilized. The necrotic eschar was then removed. There were multiple maggots present. A pulsavac was used to clean the wound and remove the maggots. The wound was then debrided sharply down to the muscle layers. There were several tunnels which were unroofed revealing more maggots. These tunnels and maggots were also debrided and removed using a pulsavac.

The patient tolerated the procedure well. Vital signs were stable.

Medications: Propofol drip.

Postoperative diagnosis: Maggot-infested necrotic wound, right leg.

Job#: XXXXXX

DD: 07/15/06

DT: 07/17/06

TRANS: xxxxxx

Resident Transfer

Patient: Margret R. Anvil

Acc No: XXX

Medical Record No: XXX

Attending Physician: Smith, John U. MD Release date: 07/15/06

Dictating Physician: Smith, John U. MD

Patient Status: Emergency transfer.

Diagnosis at time of transfer: Inner leg tunneling eschar magets.

Additional Pertinent information: The area at inner R lower shin had magets that covered the entire wound bed and then would start to disappear up into what appeared a tunnel under the skin (incision line).

Vacating: Anchored Arbor Nursing Home, Ian Dean Clement (IDC) ward Room XXX

Destination: Bleeding Heart Hospital

JOB#: XXXXXXXX

DD: 07/15/06

DT: 07/17/06

TRANS: XXXXXXXX

Emergency room Medical Report

Patient: Anvil, Margret R

Account No: XXXXXXXX
Medical Record No: XXXXXXXX

Attending Physician: Tobaggen, Mantis F. MD

Admit Date: 07/15/2006

Dictating Physician: Tobaggen, Mantis F. MD

Patient Status: Emergency Admission

Room #: ER.ER-2

Date of Event: 07/15/2006

Reception: Patient was brought into emergency exam room. Patient was accompanied by an individual who identified themselves as a staff member at Anchored Arbor Nursing Home. The staff member identified the patient as a 69 year old woman. The patient's clothing was removed to begin the physical examination. Upon examination the only remarkable area was the right lower extremity. The right lower extremity had necrotic ulcerations on the anterior surface. An opening in what appeared to be a surgical incision line revealing tunneling containing maggots. Vital signs were found to be in normal ranges. The accompanying staff member indicated that the patient was under the effects of significant pain medication as per her post operative directions. Because of the already prescribed pain medication no additional medication was administered.

Patient did not exhibit signs of immediate danger. Patient was transferred to general admission with the recommendation of debridement.

MEDICATIONS: None.

RECOMMENDATIONS: Admit to hospital and schedule OR for debridement.

JOB#: 576938

DD: 07/17/2006

DT: 07/18/2006

TRANS: MHBELLE



Photo of maggots on Margret Anvil at time of admission to ER.