A 60-year-old patient, who was being followed for a diagnosis of atopic dermatitis, was admitted to our outpatient clinic with eyelid itching and redness. Itching and eye watering increased especially in the spring months. Upon dermatological examination, erythema and fine squam in the right eyelid, and especially exacerbated plaques at the folds—such as antecubital and popliteal regions—were noted (Figure 1). Topical steroids and oral antihistamine tablets were prescribed for exacerbation of atopic dermatitis. In a follow-up examination, the patient’s atopic dermatitis of the body had regressed, but erythema of the eyelid had not regressed. The patient was referred to the ophthalmology outpatient clinic, and a fly larva was found on the cornea (Figure 2). Larvae movement on the cornea triggered itching, which increased the already existing atopy. When the cornea was viewed with the biomicroscope, the rapid movements of the larva could be seen. The ophthalmologist removed the larva with a cotton applicator. Skin barriers deteriorate from atopy in patients with atopic dermatitis, and recurrent eczema occurs in sensitive areas such as the eyelid. Even itching caused by secondary causes, such as a larva settling in the eye, can trigger an atopic dermatitis attack, as seen with our patient. We wanted to share this case to emphasize the importance of mucosal examination in dermatologic diseases.