

A 60-year-old woman complained of left eye itchiness for 1 month. A slit-lamp examination showed 12 adult lice and multiple nits anchored to the left upper lid lashes (Fig 1). She denied having sexual contacts and had no history of sexually transmitted diseases and no known infestation elsewhere in her body.

The ocular signs were consistent with phthiriasis palpebrarum. The diagnosis was confirmed by microscopic examination of a louse. Morphologically, *Phthirus pubis* may be distinguished from pediculus by its distinctive crablike appearance (Figs 2, 3). The patient was treated by mechanical removal of the lice and nits with lash trimming. Follow-up at 6 months revealed no recurrence of the condition.

The crab louse *P pubis* is adapted to living in the pubic hair.<sup>1</sup> An infected person may transfer the louse from one hairy area to another, resulting in infestation of the eyelashes. Phthiriasis palpebrarum, caused by the *P pubis*, is a rare cause of blepharoconjunctivitis,

and is often neglected because of its semitransparent body and deep burrowing in the lid margin.<sup>2</sup> Other ocular signs and symptoms include eye itchiness and grittiness, blepharitis, follicular conjunctivitis, and marginal keratitis. The adult female lice lay three eggs per day and 26 eggs per lifetime which hatch every 7 to 10 days. The nits are laid and cemented on the hairs, have a darkish colour, and their cap or operculum is conical (Fig 4). The average lifespan of adult lice is less than a month, and they die within 24 to 48 hours if removed from their hosts. Crowded conditions and poor personal hygiene are risk factors for infestation.<sup>1</sup>

Commonly cited therapeutic modalities for treating eyelid infestations with the pubic louse are lash removal by plucking or cutting and application of petroleum jelly to the involved lid twice daily for a week. Other treatment options include 1% malathion drops or shampoo, 1% yellow mercuric oxide ointment, 20% fluorescein drops, 0.25% physostigmine



FIG 1. Slit lamp photo of adult lice and multiple nits anchored on the lashes

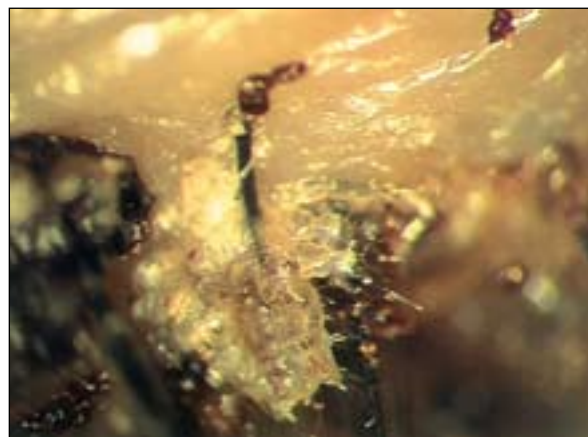


FIG 2. Slit lamp photo of a louse grasping lashes

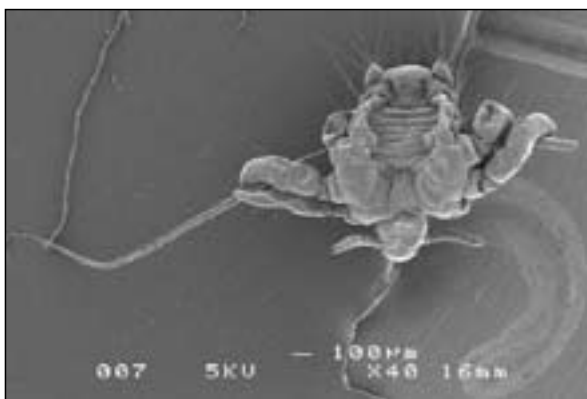


FIG 3. Electronic microscopy of a louse grasping a lash



FIG 4. Electronic microscopy of a nit cemented on a lash

ointment, 4% pilocarpine gel, 1% gamma benzene hexachloride cream, laser photocoagulation and cryotherapy.<sup>2,3</sup> Family members, sexual contacts, and close companions should be examined and treated appropriately. Clothing, linen and personal items should be disinfected with heat of 50°C for 30 minutes. Careful sealing of fomites in plastic bags for 2 weeks can also be effective.

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