

CASE REPORT

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Combined treatment modality for phthiriasis palpebrarum

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Abstract

Phthiriasis palpebrarum (PP) is the infestation of eyelids caused by the ectoparasite Phthirus pubis, frequently misdiagnosed as allergic conjunctivitis, blepharitis or dermatitis. There is no standard treatment of choice although various treatment modalities have been described. A 6-year-old male child with PP was successfully treated with local application of 20% fluorescein solution over the eyelashes and eyebrows of both the eyes, followed by the mechanical removal of all parasites and trimming of the eyelashes from the base and application of ophthalmic ointment.

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Full Text

Introduction

Phthiriasis palpebrarum (PP) is the infestation of eyelids caused by the ectoparasite Phthirus pubis. It is not as rare as is reported in literature, especially in low socioeconomic communities and overcrowded habitats. PP is frequently misdiagnosed as allergic conjunctivitis, blepharitis or dermatitis due to the deep burial of the ectoparasite and presence of crusts on the eyelashes. Close contact and sharing linens with an already infected person is believed to be the predominant mode of transmission in the absence of history of sexual

contact with an infested patient. PP is a disease with high morbidity, e.g. chronic irritation and itching, excoriation of the eyelids and secondary local and systemic bacterial infection. There is no standard treatment of choice for PP although various treatment modalities have been described, some of which need sedation or general anaesthesia. In addition, there is risk of the treating medical personnel being infested during the course of treatment.

Case Report

A 6-year-old boy was brought to our ophthalmic outpatient department with complaints of itching in both eyes for 4 months. Starting from the onset of symptoms, he was treated elsewhere as a case of allergic conjunctivitis with no improvement. Gross ocular examination was normal. However, careful slit-lamp examination revealed the presence of lice moving over the eyelashes, along with nits at the base [Figure 1] and Supplementary Video 1]. He was diagnosed as a case of bilateral PP. There was no history of similar complaints in family members, overcrowding or sexual contact with a louse-infested individual. General examination did not reveal lice anywhere else on the body. He was treated with topical application of 20% fluorescein over the eyelashes and eyebrows of both the eyes, followed by the mechanical removal of all parasites and trimming of the eyelashes from the base and application of ophthalmic ointment. Application of 20% fluorescein resulted in immediate immobility of the parasites, facilitating the mechanical removal of all lice and nits. He was referred to a dermatologist for further evaluation. He had no episode of recurrences till his last follow-up after 6 months of initial presentation. {Figure 1}

Discussion

There are three varieties of lice infecting humans. They are *Pediculus humanus capitis* (head louse), *Pediculus humanus corporis* (body louse) and *P. pubis* (pubic or crab louse).[1] *P. pubis* mainly lives on the hair of pubic and inguinal regions and gets its entry into the eyelid area by direct or indirect contact. Overcrowding, sharing of beds or infected clothing or sexual contact with a louse-infested individual, all play a role in transmission of *P. pubis*. [1],[2],[3],[4],[5] However, in some cases, the exact mode of transmission may not be elucidated from the history given by the patient, as in the present case. The common symptoms are itching and irritation,[3] although it can be incidentally found in a routine ophthalmological examination. There may be crusting and matting of eyelashes and is usually bilateral.[6] The pruritic lid margin can easily be misdiagnosed as blepharitis or eczema.[7] There are various modes of treatment described in literature including manual removal of adults and nits using forceps, trimming of eyelashes, argon laser therapy, cryotherapy, 1% gamma-benzene hexachloride cream, 1% mercuric oxide ointment, physostigmine eye ointment, petrolatum ointment, pilocarpine 4% gel, malathion shampoo and permethrine 5% ointment and 20% fluorescein solution and oral ivermectin.[1],[4],[5],[8] There is documentation of immediate death of the adult lice upon application of 20% fluorescein by Mathew et al.,[4] though the nits seem to be unaffected. Our patient was treated by local application of 20% fluorescein with mechanical removal and trimming of eyelashes, to be sure about complete removal of lice and nits particularly. Ofloxacin 0.3% eye ointment containing white soft paraffin as base (exocin, Allergan India Private Limited) was applied thrice a day for 10 days. The paraffin base acted as a suffocating agent to kill the remaining lice and newly hatched lice from the nits (if left out).

All the patients must be referred to the dermatologist for further evaluation and counselling to be done regarding personal hygiene and cleaning of linens and clothing.[5] Repeat application of 20% fluorescein may be needed for left out nits which may hatch in 10 days.[4] Poor cooperation during treatment may result

in incomplete removal and the need for repeat treatment in few patients, especially in the paediatric age group.

To conclude, local application of 20% fluorescein solution over the eyelashes and eyebrows of both the eyes followed by mechanical removal of all parasites and trimming of the eyelashes from the base and application of ophthalmic ointment with paraffin base is a successful combined modality of treatment for PP. This case also highlights the importance of a thorough slit-lamp examination in patients with blepharitis and eczema and the need for dermatologist care.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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