

World Journal of *Clinical Cases*

World J Clin Cases 2021 November 26; 9(33): 10052-10391



REVIEW

- 10052** Effects of alcohol consumption on viral hepatitis B and C
Xu HQ, Wang CG, Zhou Q, Gao YH

MINIREVIEWS

- 10064** Effects of anti-diabetic drugs on sarcopenia: Best treatment options for elderly patients with type 2 diabetes mellitus and sarcopenia
Ma XY, Chen FQ

ORIGINAL ARTICLE**Retrospective Cohort Study**

- 10075** Utility of cooling patches to prevent hand-foot syndrome caused by pegylated liposomal doxorubicin in breast cancer patients
Zheng YF, Fu X, Wang XX, Sun XJ, He XD

Retrospective Study

- 10088** Clinicopathological features of small T1 colorectal cancers
Takashina Y, Kudo SE, Ichimasa K, Kouyama Y, Mochizuki K, Akimoto Y, Maeda Y, Mori Y, Misawa M, Ogata N, Kudo T, Hisayuki T, Hayashi T, Wakamura K, Sawada N, Baba T, Ishida F, Yokoyama K, Daita M, Nemoto T, Miyachi H
- 10098** Comparison of dental pulp periodontal therapy and conventional simple periodontal therapy as treatment modalities for severe periodontitis
Li L, Chen HJ, Lian Y, Wang T
- 10106** Tripartite intensive intervention for prevention of rebleeding in elderly patients with hypertensive cerebral hemorrhage
Li CX, Li L, Zhang JF, Zhang QH, Jin XH, Cai GJ
- 10116** Clinical and electroencephalogram characteristics and treatment outcomes in children with benign epilepsy and centrotemporal spikes
Chen RH, Li BF, Wen JH, Zhong CL, Ji MM
- 10126** Endoscopic ultrasonography diagnosis of gastric glomus tumors
Bai B, Mao CS, Li Z, Kuang SL
- 10134** Learning curves of robot-assisted pedicle screw fixations based on the cumulative sum test
Yu J, Zhang Q, Fan MX, Han XG, Liu B, Tian W
- 10143** Value of GRACE and SYNTAX scores for predicting the prognosis of patients with non-ST elevation acute coronary syndrome
Wang XF, Zhao M, Liu F, Sun GR

- 10151** Effectiveness of enhanced recovery after surgery in the perioperative management of patients with bone surgery in China

Zhao LY, Liu XT, Zhao ZL, Gu R, Ni XM, Deng R, Li XY, Gao MJ, Zhu WN

Clinical Trials Study

- 10161** Association between plasma dipeptidyl peptidase-4 levels and cognitive function in perinatal pregnant women with gestational diabetes mellitus

Sana SRGL, Li EY, Deng XJ, Guo L

- 10172** Paricalcitol in hemodialysis patients with secondary hyperparathyroidism and its potential benefits

Chen X, Zhao F, Pan WJ, Di JM, Xie WN, Yuan L, Liu Z

Observational Study

- 10180** Did the severe acute respiratory syndrome-coronavirus 2 pandemic cause an endemic *Clostridium difficile* infection?

Cojocariu C, Girleanu I, Trifan A, Olteanu A, Muzica CM, Huiban L, Chiriac S, Singeap AM, Cuciureanu T, Sfarti C, Stanciu C

- 10189** Effect of nursing intervention based on Maslow's hierarchy of needs in patients with coronary heart disease interventional surgery

Xu JX, Wu LX, Jiang W, Fan GH

- 10198** Impacts of statin and metformin on neuropathy in patients with type 2 diabetes mellitus: Korean Health Insurance data

Min HK, Kim SH, Choi JH, Choi K, Kim HR, Lee SH

META-ANALYSIS

- 10208** Is endoscopic retrograde appendicitis therapy a better modality for acute uncomplicated appendicitis? A systematic review and meta-analysis

Wang Y, Sun CY, Liu J, Chen Y, Bhan C, Tuason JPW, Misra S, Huang YT, Ma SD, Cheng XY, Zhou Q, Gu WC, Wu DD, Chen X

- 10222** Prognostic value of ground glass opacity on computed tomography in pathological stage I pulmonary adenocarcinoma: A meta-analysis

Pan XL, Liao ZL, Yao H, Yan WJ, Wen DY, Wang Y, Li ZL

CASE REPORT

- 10233** Atrial fibrillation and concomitant left subclavian, axillary and brachial artery embolism after fiberoptic bronchoscopy: A case report

Yang CL, Zhou R, Jin ZX, Chen M, Zi BL, Li P, Zhou KH

- 10238** Streptococcal toxic shock syndrome after hemorrhoidectomy: A case report

Lee CY, Lee YJ, Chen CC, Kuo LJ

- 10244** Subsequent placenta accreta after previous mifepristone-induced abortion: A case report

Zhao P, Zhao Y, He J, Bai XX, Chen J

- 10249** Autosomal dominant tubulointerstitial kidney disease with a novel heterozygous missense mutation in the uromodulin gene: A case report
Zhang LL, Lin JR, Zhu TT, Liu Q, Zhang DM, Gan LW, Li Y, Ou ST
- 10257** Novel *KDM6A* mutation in a Chinese infant with Kabuki syndrome: A case report
Guo HX, Li BW, Hu M, Si SY, Feng K
- 10265** Pancreatic cancer with synchronous liver and colon metastases: A case report
Dong YM, Sun HN, Sun DC, Deng MH, Peng YG, Zhu YY
- 10273** Veno-venous-extracorporeal membrane oxygenation treatment for severe capillary leakage syndrome: A case report
Nong WX, Lv QJ, Lu YS
- 10279** Anticoagulant treatment for pulmonary embolism in patient with cerebral hemorrhage secondary to mechanical thrombectomy: A case report
Chen XT, Zhang Q, Zhou CQ, Han YF, Cao QQ
- 10286** Complete restoration of congenital conductive hearing loss by staged surgery: A case report
Yoo JS, Lee CM, Yang YN, Lee EJ
- 10293** Blastic plasmacytoid dendritic cell neoplasm with skin and bone marrow involvement: Report of three cases
Guo JH, Zhang HW, Wang L, Bai W, Wang JF
- 10300** Extracranial multiorgan metastasis from primary glioblastoma: A case report
Luan XZ, Wang HR, Xiang W, Li SJ, He H, Chen LG, Wang JM, Zhou J
- 10308** Transverse myelitis after infection with varicella zoster virus in patient with normal immunity: A case report
Yun D, Cho SY, Ju W, Seo EH
- 10315** Duodenal ulcer caused by coil wiggle after digital subtraction angiography-guided embolization: A case report
Xu S, Yang SX, Xue ZX, Xu CL, Cai ZZ, Xu CZ
- 10323** Crab lice infestation in unilateral eyelashes and adjacent eyelids: A case report
Tang W, Li QQ
- 10328** Local random flaps for cervical circumferential defect or tracheoesophageal fistula reconstruction after failed gastric pull-up: Two case reports
Zhang Y, Liu Y, Sun Y, Xu M, Wang XL
- 10337** Incurable and refractory spinal cystic echinococcosis: A case report
Zhang T, Ma LH, Liu H, Li SK
- 10345** Individualized treatment of breast cancer with chronic renal failure: A case report and review of literature
Cai JH, Zheng JH, Lin XQ, Lin WX, Zou J, Chen YK, Li ZY, Chen YX

- 10355** Persistent fibrinogen deficiency after snake bite: A case report
Xu MH, Li J, Han L, Chen C
- 10362** Successful prolonged cardiopulmonary resuscitation after intraoperative cardiac arrest due to povidone-iodine allergy: A case report
Xiang BB, Yao YT, Jiao SL
- 10369** Clinical algorithm for preventing missed diagnoses of occult cervical spine instability after acute trauma: A case report
Zhu C, Yang HL, Im GH, Liu LM, Zhou CG, Song YM
- 10374** Carbon ion radiotherapy for synchronous choroidal melanoma and lung cancer: A case report
Zhang YS, Hu TC, Ye YC, Han JH, Li XJ, Zhang YH, Chen WZ, Chai HY, Pan X, Wang X, Yang YL
- 10382** Heart failure as an adverse effect of infliximab for Crohn's disease: A case report and review of the literature
Grillo TG, Almeida LR, Beraldo RF, Marcondes MB, Queiróz DAR, da Silva DL, Quera R, Baima JP, Saad-Hossne R, Sasaki LY

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Crab lice infestation in unilateral eyelashes and adjacent eyelids: A case report

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Abstract

BACKGROUND

Crab lice (*Phthirus pubis*) infestation can occur at any age, to either males or females, and across all regions of the world. However, cases involving the eyelashes and adjacent eyelids (phthiriasis palpebrarum) are rare. Usually occurring as a sexually transmitted disease, crab lice can be spread by poor hygiene or in a dirty environment through direct contact with contaminated skin (hands) or textiles (towels and clothing).

CASE SUMMARY

A 50-year-old woman presented to our hospital with a 2-wk history of chronic eyelid pain and itching in the right eye, which exacerbated in the evening hours and which had not resolved following a 1-wk course of antibiotics and corticosteroid ointments (for blepharitis diagnosis from another hospital). A careful ophthalmic slit-lamp and light microscope examination revealed multiple crab lice and nits on the right upper eyelashes; the right and left lower eyelashes were normal. Following the new diagnosis of phthiriasis palpebrarum, the patient was treated by removing the affected eyelashes, the crab lice, and their nits completely. Additionally, the eyelids were washed once with povidone-iodine. A follow-up examination at 2 wk later showed complete resolution of symptoms and no evidence of re-infection.

CONCLUSION

This case emphasizes the importance of correct diagnosis and complete removal of eyelashes, crab lice and nits to cure phthiriasis palpebrarum.

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Core Tip: Crab lice (*Phthirus pubis*) infestation of the eyelids and lashes (phthiriasis palpebrarum), despite manifesting eyelid pain and itching, is easy to miss, even for ophthalmologists, as the lice and nits are translucent. For the case presented here, a light microscope revealed the features of crab lice and nits in unilateral eyelashes and adjacent eyelids. Complete removal of the affected eyelashes, by trimming or plucking, followed by a single povidone-iodine rinse appears to be a simple, safe and effective method of treatment.

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INTRODUCTION

Crab lice (*Phthirus pubis*) is a hematophagous parasite of humans[1]. Although the infection usually occurs as a sexually transmitted disease, it also can be spread by direct contact with contaminated skin (*e.g.*, hands) or textiles (*e.g.*, towels and clothing) [2]. Crab lice infestation involving the unilateral eyelashes and adjacent eyelids is rare among the overall spectrum of ocular surface diseases[3]. Many studies of such in the literature refer to the crab lice infection of the eyelid as phthiriasis palpebrarum[4-8]. The condition can occur in any decade of life, with case reports describing afflicted individuals ranging in age from 21 d (infant) to 75 years (elderly)[9,10]. Moreover, cases have originated from developing as well as developed countries. Here, we report a case of phthiriasis palpebrarum caused by poor hygiene or dirty environment.

CASE PRESENTATION

Chief complaints

A 50-year-old woman presented at our hospital's ophthalmology department in October 2019, with a 2-wk history of intermittent right upper eyelid pain and itching (Figure 1), which exacerbated in the evening hours.

History of present illness

The patient reported having previously presented to another hospital with the same complaint of symptoms. There, she had been diagnosed with blepharitis and prescribed a 1-wk course of antibiotics and corticosteroid ointments. When the symptoms did not resolve with treatment, she sought assessment at our hospital.

History of past illness

No relevant information.

Personal and family history

Personal and family history-taking revealed no relevant information.

Physical examination

The patient's best-corrected visual acuity was 20/20, in both eyes. A careful ophthalmic slit-lamp examination was conducted, and showed several parasites adherent to the right upper eyelashes of the right eye. A slight touch of the eyelashes stimulated the parasites to initiate a creeping movement in response (Video). In addition to the parasites, there were empty shells present on the eyelashes (Figure 2).



Figure 1 Slit-lamp examination of the patient's right eyelashes and adjacent eyelids. Some macula and empty shells are seen on the eyelashes.

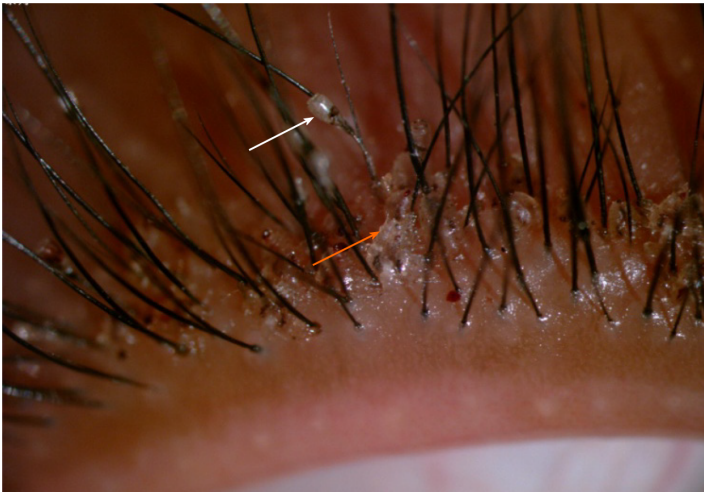


Figure 2 Photos of parasites and empty shells on the patient's right eyelashes and adjacent eyelids. Empty shells are denoted by white arrow; Parasites are denoted by orange arrow.

Imaging examinations

A few of the parasites and empty shells were collected and examined under a light microscope (Figure 3). The gross visual characteristics of both were consistent with crab lice and nits (eggs of the crab lice)[5].

FINAL DIAGNOSIS

Unilateral (right eye) crab lice infection of the eyelids and eyelashes: Phthiriasis palpebrarum.

TREATMENT

The right upper eyelashes were trimmed to the skin surface or plucked out, to ensure complete removal of the crab lice (Figure 4A) and nits. The eyelids were subsequently washed once with povidone-iodine.

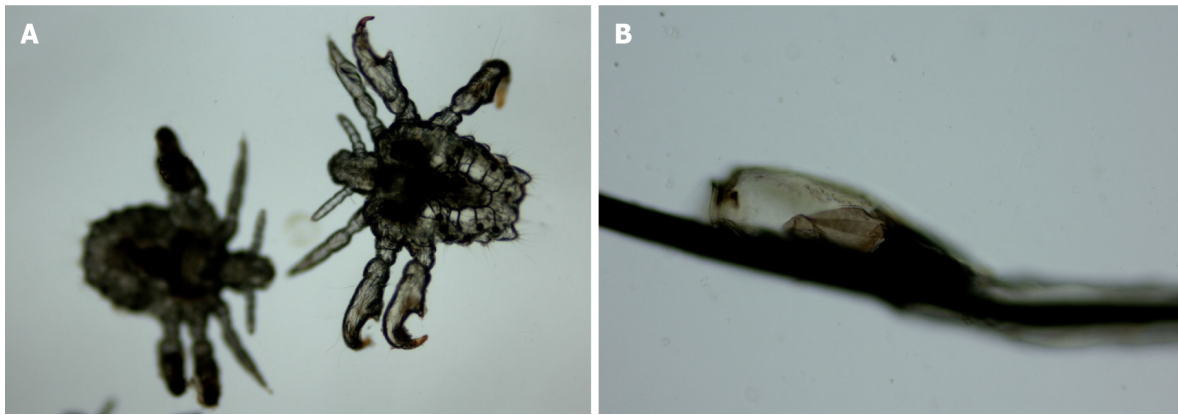


Figure 3 Photos of crab lice and nits taken from the patient's right eyelashes and adjacent eyelids, as viewed under a light microscope. Magnification 100 ×. A: Crab lice; B: Nits.

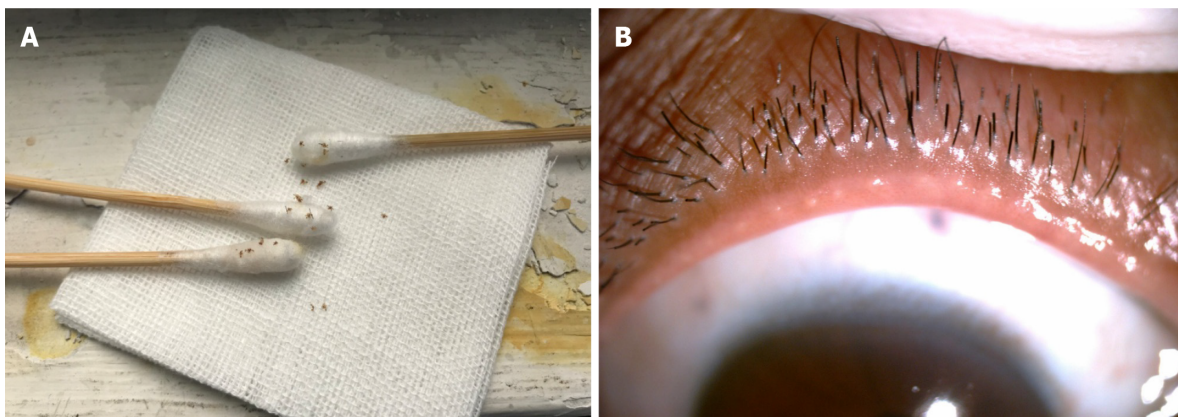


Figure 4 Some of crab lice taken from the patient and recovered eyelashes and eyelids. A: Twenty crab lice removed on cotton swabs and gauze and 6 were subjected to examination under a light microscope; B: Cleared eyelashes (regrowth) and adjacent eyelids at 2-wk after treatment.

OUTCOME AND FOLLOW-UP

A follow-up examination 2-wk later showed complete resolution of the patient's eye symptoms and no evidence of re-infection (Figure 4B).

DISCUSSION

Parasitic eye infection is a rare ocular disease, without geographic, age or sex propensity. In our clinical work, we have come across eye diseases caused by infections with demodicosis (usually inhabiting hair follicles and largely involving those on the head), cysticercosis (primarily infecting brain and muscle), and crab lice (typically as a sexually transmitted disease). The various parasitic infections feature distinctive infection and symptomological profiles. When crab lice invade eyelid skin, their nits can be observed adhering to the eyelashes. Patients afflicted with phthiriasis palpebrarum always present with eyelid pain and itching, which are unfortunately the most common symptoms of all types of eye diseases. In addition, the adult crab lice are translucent, being easy to miss by an ophthalmologist and supporting the misdiagnosis of blepharitis. The parasitic nature of crab lice includes their derivation of nutrients from human blood, *via* an *ex vivo* sucking mechanism. The symptoms of itching and pain arise from the biting of the crab lice to penetrate the skin and obtain the blood meal.

There are three transmission mechanisms for crab lice, including sexual, direct and indirect contact. Vulva infestation of crab lice is most commonly transmitted by sexual contact. Eyelid infestation is mainly transmitted by direct or indirect contact with a contaminated source. In our case, the patient had worked as a hotel cleaner for 4 years, and declared no history of sexually transmitted diseases. She could have contracted

the disease from contact with contaminated towels and clothing at her worksite. Good hygienic habits, including frequent bathing, hand washing and laundering of textiles (including personal clothing) are important ways to prevent this disease.

There are several topical drug-based treatments currently available for crab lice, namely ivermectin[11,12], pilocarpine drops[13], yellow mercuric oxide, and petrolatum ointment. However, manual removal of visible crab lice and nits remains the standard of care[14]. For our case, with visible crab lice and nits clinging to the skin and eyelashes, the right upper eyelashes were removed by trimming or plucking to ensure complete mechanical removal of the crab lice from the skin. This approach also helped to avoid immediate-future reattachment of residual crab lice and nits. Ultimately, the patient achieved complete resolution of her symptoms and showed no evidence of re-infection.

CONCLUSION

This case emphasizes the importance of correct diagnosis for crab lice infestation. The mechanical removal of crab lice and nits, in addition to complete trimming or plucking of the affected eyelashes, appears to be a simple, safe and effective method of treatment for crab lice infestation of the eyelids and eyelashes.

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