

## Phthiriasis Palpebrarum (Case Report)

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Anabilim Dalları SAMSUN*

✓ Bilateral blefarokonjonktiviti nedeniyle 6 hafta izlenmiş ve topikal antibiyotiklere yanıt alınmaması üzerine kliniğimize sevk edilmiş olan bir fitiriyazis palpebrarum olgusu sunuldu. Tedavide hastanın kapak kenarlarına vaselin pomad uygulandı. Hastada herhangi bir başka enfestasyon odağına rastlanmadı ve bulaşma kaynağı açısından yapılan araştırmalardan da bir sonuç alınmadı. Tüm dünyada pedikülozisin görülme sıklığındaki artış nedeniyle, blefaritin ayırıcı tanısında fitiriyazis palpebrarumun da akla getirilmesi gerektiği düşünüldü.

**Anahtar Kelimeler:** Fitiriyazis palpebrarum, blefarit.

✓ A case of phthiriasis palpebrarum referred to our clinic with a 6 week history of bilateral blepharoconjunctivitis, unresponsive to topical antibiotics, is described. The patient was treated with petrolatum applied to the lid margins. There was no evidence of infestation elsewhere and contact tracing failed to reveal the source of the problem. Because of the sharp increase in the frequency of pediculosis worldwide, we believe that phthiriasis palpebrarum must be remembered in the differential diagnosis of blepharitis.

**Key words:** Phthiriasis palpebrarum, blepharitis.

**P**hthiriasis palpebrarum, -a dermatoophthalmological condition -is an infestation of the eyelashes by Phthirus pubis (crab louse) and its nits<sup>(1-6)</sup>. In infestation of the eyelashes, one would expect the Pediculosis capitis of the offending parasite, not the pubic louse, since the latter's usual site of infestation is remote from the eyelashes. However, the pubic louse is the most common cause of eyelash pediculosis<sup>(1,2)</sup>. Unlike the other types of louse, crab lice hardly move and being almost the color of the skin, they are difficultly identified; and for this reason, the infestation may exist a long time before its recognition. The nits can be easily found by means of careful inspection.

A case of phthiriasis palpebrarum referred to our clinic as blepharoconjunctivitis is described.

### CASE REPORT

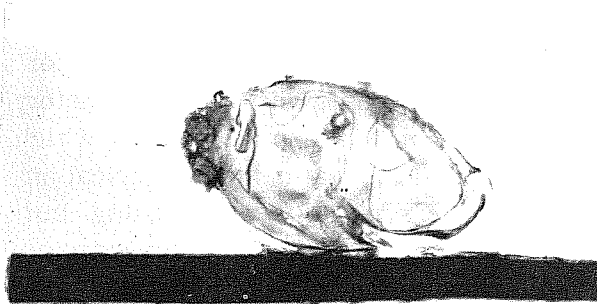
A 12 -year-old boy was referred to the Ophthalmology Department of Ondokuz

Mayıs University, School of Medicine for further management, with a 6 week history of bilateral blepharoconjunctivitis which didn't respond to treatment with topical antibiotics. The symptoms were itching, burning and irritation of the eyelid margins. The lids were moderately excoriated. On slit-lamp examination, there was a follicular conjunctivitis and mild punctate epithelial keratitis with numerous translucent nits adherent to the base of the eyelashes in both eyes of the patient. The cause of blepharoconjunctivitis became readily apparent and we removed an eyelash from each eye for diagnostic purposes (Figure 1). We couldn't see any lice gripped on the roots of the eyelashes.

The patient was referred to the Department of Dermatology to exclude lice infestation of other body areas, but there was no evidence of infestation elsewhere. Although they were asymptomatic, we also examined his family members and referred them to

the dermatology clinic; but all these attempts failed to reveal the source of the problem.

We treated the patient with white petrolatum applied thickly to the lid margins twice daily for eight days, then removed any remaining nits mechanically. No side effects of petrolatum were either reported by the patient or detected on ocular examination. At the one week follow-up visit there was resolution of blepharoconjunctivitis. Two weeks later all signs of the infestation resolved.



**Fig-1:** Nit attached to an eyelash (Light microscope with polarizing filters, X 200)

### DISCUSSION

There has been a sharp increase in the frequency of pediculosis pubis in the world, without restriction to lower socioeconomic groups<sup>(3,7)</sup>. Patients with pediculosis pubis are seen more commonly at venereal disease

clinics, at student health services, and by family physicians than in dermatologists offices<sup>(8)</sup>. The sexual evolution plays a vital role in the epidemic, particularly in young persons, because the condition is predominantly transmitted by sexual contact<sup>(3)</sup>. Although phthiriasis palpebrarum is usually associated with genital infestation, cases of isolated palpebral involvement have been described<sup>(9,10)</sup>. It is very rare in infants who are usually infested by direct passage of the lice from the axillary or chest hair of parents, nurses or attendants.

Over years many treatments have been advocated for phthiriasis palpebrarum. Recommended treatments for phthiriasis palpebrarum are mechanical removal of the nits<sup>(1,3)</sup>, application of white petrolatum<sup>(4)</sup>, yellow mercuric oxide(1%)<sup>(2)</sup> or anticholinesterase<sup>(9)</sup> ointments, fluorescein(20%) or polyvinylpyrrolidone-iodine (50%) eye drops<sup>(6)</sup> and cryotherapy<sup>(11)</sup> or argon laser phototherapy<sup>(12)</sup>. All of these methods are effective, however each has its drawback and the ideal treatment of this condition has yet to be established. Most of these preparations present some problems especially in infants, because of their possible ocular toxic and side effects and some of them are ineffective against the nits. Mechanical removal of the nits is tedious and time-consuming and general anesthesia may be required in young children. Cryotherapy and argon laser phototherapy provide a fast cure but may be uncomfortable and dangerous for the young uncooperative patients and are not generally accepted as a primary mode of treatment. Our patient was treated with white petrolatum applied thickly followed by the mechanical removal of any remaining nits. We believe that white petrolatum ointment is a simple, safe, cheap and effective treatment for phthiriasis palpebr-

rarum. Further management of phthiriasis requires treatment of all contacts and delousing of all clothing, bedding and personal items.

When pediculosis pubis involves portions of the body than the pubic region, the diagnosis may be difficult. The infestation should be suspected in any pruritic eruption of a hairy area. Infestation of the eyelashes is particularly difficult to diagnose, as it may simulate seborrheic or infectious eczematous blepharitis. Because of the sharp increase in the frequency of pediculosis worldwide, more cases of phthiriasis palpebrarum may be expected. We suggest that phthiriasis palpebrarum must be remembered in the differential diagnosis of blepharitis.

**Geliş Tarihi:** 04.07.1995

**Yayına Kabul Tarihi:** 21.11.1995

#### REFERENCES

1. Perlman HH, Fraga S, Medina M. Phthiriasis palpebrarum. *J Pediatr* 1956; 49:88-90.
2. Ashkenazi I, Desatnik HR, Abraham FA. Yellow mercuric oxide: a treatment of choice for phthiriasis palpebrarum. *Br J Ophthalmol* 1991; 75:356-358.
3. Orkin M, Maibach HI. Current views of scabies and pediculosis pubis. *Cutis* 1984; 33:85-96.116.
4. Eldem B, Bilgiç S. Bir fitiriyazis palpebrarum vakası. *Türk Oft Gaz.* 1987; 17(1):1-4.
5. Örgen C, Atmaca L, Karel F, Altıntaş K. Bir fitiriazis palpebrarum olgusu. *Türk Oft Gaz* 1987; 17(2):262-265.
6. Şencan S, Yiğit U, Öztürk E, Kal İ, Başar D. Kirpiklerin kası biti (*Phthirus Pubis*) ile infestasyonunda PVP-I (polyvinyl pyrolidon-iyod) veya floreseinin yeri. *Türk Oft Gaz* 1983; 23(2):79-81.
7. Gratz NG. The current status of louse infestations throughout the world. In: *Proceedings of the International Symposium on the control of Lice and Louseborn Diseases*, Panamerican Health Organization, Wastington, DC, US Government Printing Office, 1973; 23-31.
8. Orkin M, Epstein E Sr, Maibach HI. Treatment of today's scabies and pediculosis. *JAMA* 1979; 236:1136-1139.
9. Rundle PA, Hughes DS. *Phthirus pubis* infestation of the eyelids. *Br J Ophthalmol* 1993; 77:815-816.
10. Çam M. İki olgu nedeniyle fitiriyasız palpebrarum. *Türk Oft Gaz* 1992; 22(4):364-366.
11. Awan KJ. Cryotherapy in phthiriasis palpebrarum. *Am J Ophthalmol* 1977; 83:906-907.
12. Awan KJ. Argon laser phototherapy of phthiriasis palpebrarum. *Ophthalmic Surg* 1986; 17:813-814.

