Phthiriasis palpebrarum is an unusual cause of blepharoconjunctivitis and may easily be over looked be cause of the fail ure of phy si cians to rec og nize Phthirus pubis. We re port a case of a 30-year-old woman with per sis tent itch ing in the left eye lid which was un suc cess fully treated un der the diag no sis of aller gic blepharoconjunctivitis. Care ful oph thal mic ex am i na tion re vealed seven bugs with mul ti ple red pin point ex cre tions and nu mer ous small trans lu cent oval eggs (nits) coat ing the eye lashes. The pa tient was suc cess fully treated with me chan i cal re moval of all the lice and nits from the eye lashes. The spec i men proved histopathologi cal ly to be the Phthirus pubis in festa tion. The Phthirus pubis in festa tion is usu ally as soci ated with poor hy giene in over crowded or un de vel oped coun try. How ever, it may be come a no ta ble prob lem be cause of fre quent travel ing and com mer cial ac tiv i ties across the dif fer ent coun tries.

**Case Report**

A 30-year-old woman re ported per sis tent left eye itch ing which was treated un suc cess fully with topi cal eyedrop at lo cal clinic for two weeks for al ler gic con junc ti vi ties. She also re moved some egg sacs at tached to the eye lashes stalks from the eye lashes each morn ing. On ex am i na tion her vi su al acu ity was 6/6.7 in the right eye and 6/6 in the left. Slit-lamp ex am i na tion re-

Phthiriasis palpebrarum is an unusual cause of blepharoconjunctivitis and may easily be overlooked because of the failure of physicians to recognize *Phthirus pubis*. We report a case of a 30-year-old woman with persistent itching in the left eyelid which was unsuccessfully treated under the diagnosis of allergic blepharoconjunctivitis. Careful ophthalmic examination revealed seven bugs with multiple red pinpoint excretions and numerous small translucent oval eggs (nits) coating the eyelashes. The patient was successfully treated with mechanical removal of all the lice and nits from the eyelashes. The specimen proved histopathologically to be the *Phthirus pubis* infestation. The *Phthirus pubis* infestation is usually associated with poor hygiene in overcrowded or underdeveloped country. However, it may become a notable problem because of frequent traveling and commercial activities across the different countries.

**Case Report**

A 30-year-old woman reported persistent left eye itching which was treated unsuccessfully with topical eyedrop at local clinic for two weeks for allergic conjunctivitis. She also removed some egg sacs attached to the eyelashes stalks from the eyelashes each morning. On examination her visual acuity was 6/6.7 in the right eye and 6/6 in the left. Slit-lamp examination revealed...
revealed evidence of blepharoconjunctivitis with multiple red pinpoint excretions over the left upper eyelid margin. With careful inspection, seven bugs (later proved to be the crab louse, *Phthirus pubis*) with numerous translucent oval eggs were noted around the base of the eye lashes (Fig. 1). No lice or nits were seen in the fellow eye or the other hairy areas. The patient denied any history of vesiculobullous disease, louse infestation elsewhere in the body, or sexual contacts except her husband who just came back from China. A manuual removal of all the lice and the nits by the forceps was done carefully. Examination under light microscopy revealed the bugs to be *Phthirus pubis* by their morphologic characteristics (Fig. 2). The patient was reexamined in a week to ensure that all of the parasites were removed. The patient and her husband were advised to avoid close body contact until completion of treatment and follow-up.

**Discussion**

Adult lice in fest hairs of the scalp, axilla, chest, pubic, rarely, eye brows and eye lashes. Infestation of lice on eyebrows or eyelashes is most commonly caused by *Phthirus pubis*, rarely by *Pediculus capitis*, and never by *Pediculus corporis*. The transference to the eye is supposed to achieve through the hand contact to the genital area, which is perhaps the reason only one eye is affected. Both eyes are involved only when the duration is prolonged. Occasionally, isolated palpebral involvement has been described.

The pubic louse can be identified as a 2 mm long, grayish-white insect (smaller than a body louse) with a distinctly crab-like appearance (Fig. 2). The louse has three sets of legs with claws (Fig. 2), which are adapted for firm attachment to hair for sucking blood. Four sets of small conical feet support the posterior abdomen and are involved in movement. They lay seven to ten eggs (nits) per day. The incubation period is usually between 5 days and several weeks. The tiny, translucent oval eggs are cemented to the bases of the hair shafts and often confused with the crusty flakes of seborrheic blepharitis. There may be either no symptoms or itch due to hypersensitivity to the feeding lice. Blepharitis with marked conjunctival inflammation, preauricular lymphadenopathy and secondary infection at the site of lice bite may also occur. The clasical blue spots, maculae caeruleae, may be seen on the infected lid margin. Marginal keratitis produced by *Phthirus pubis* is rare. Diagnosis is based on the finding of adult lice and/or eggs. Although lice is hardly detected because of semitransparency and deep burrowing in the lid margin, physicians can find their slow movement by careful and prolonged observation. In speciation of the accumulation of translucent oval nits and feces as red dish-brown granular material on the base of the lashes may also help diagnosis with...
the aid of slit lamp or magnifying lens/loupes. Examination under a low-power microscope can confirm the characteristic morphology (Fig. 2) if necessary. It may also help tracing back to the personal sexual history and travel history as in detail as possible.

Numerous insecticide formulations applied with cotton sticks have been suggested for phthiriasis palpebrum, including 1% aqueous malathion, physostigmine and petrolatum. But some of these modalities suffer from ocular or systemic side effects or do not affect the nits. Among other various treatments recommended for phthiriasis palpebrum, mechanical removal with fine forceps is the most low-cost and effective one. Cryotherapy could damage both the lice and eggs. But the therapy makes discomfort and may be dan gerous for the uncooperative patients. The Argon laser phototherapy can instantly destroy the parasites and nits, though it may cause temporary loss of the treated eye lashes. All of these procedures are limited by cooperation factors in children and may require anesthe sia or sedation.

The treatment of phthiriasis with 20% fluorescein eyedrops to kill the lice in seconds has been reported. One percent yellow oxide of mercury ointment applied four times daily for 14 days have also shown to be safe and effective against lice and nits. Recently oral ivermectin has been tried. Because it has no ovicidal activity, 2 doses of ivermectin, given a week apart, are required to eradicate phthiriasis palpebrum.

Examination of the patient for other sites of infestation and a full screen for other sexually transmitted infections should be undertaken, as 31.4% of the patients infested with *Phthirus pubis* are reported to have other sexually transmitted disease. Family members, current sex partners and close contacts should also be examined and treated. To prevent reinfection, sterilization of clothing, linens and grooming instruments requires a temperature of 50°C to kill all the lice and nits in 30 minutes. Patients should be re-examined for the absence of lice in the following week.

In our case, mechanical removal of all the lice and eggs was performed meticulously with out any further man age ment. The patient could stand well through the procedure and no more lice or nit was found on the next visit. Though it is the most effective and cheap man age ment for phthiriasis palpebrum, close follow-up for any residual lice or nits is nec es sary.

In conclusion, this case report tries to remind the physicians, to be alert to phthiriasis palpebrum even in a developed country, in case of intractable blepharitis or conjunctivitis.

**References**