
PUBIC LICE

May 2010

Human lice, which are obligate human insect parasites, are responsible for the infestations pediculosis capitis, pediculosis corporis and pediculosis pubis. Transmission is through contact with infested humans, clothing, combs or bed linen.

Pubic lice or crab lice (*Phthirus pubis*) are usually transmitted by sexual contact. The incubation period is between 5 days and several weeks. The female insect lives for about a month, and lays 7-10 eggs (nits) a day, which in turn hatch in about 8-10 days. The crab louse measures 3-4 mm in length and prefers axillary, eyebrow, eyelash, beard, pubic, limb and trunk hairs and lays its eggs on these hairs.

SYMPTOMS AND SIGNS

Patients who have pubic lice usually seek medical attention because of pruritus (often nocturnal) or because they notice lice or nits on their pubic hair.

DIAGNOSIS

The identification of adult lice or nits is diagnostic. Nits are often easier to find than lice, and resemble poppy-seeds attached to the base of the hair.

The presence of bruise-like bites (*maculae ceruleae*: asymptomatic, macular, blue discolourations on the trunk and thighs) or dark specks of louse faeces suggest the diagnosis of louse infestation.

A helpful technique is to fasten a piece of transparent adhesive tape to the infested areas. Lice stick to the tape, which then becomes a convenient coverslip for a microscopic slide

MANAGEMENT

- Advise the patient to avoid intimate body contact until they and their partner have had complete treatment and follow up.
- Shaving pubic hair can assist in treatment.

Disclaimer

The content of these treatment guidelines is for information purposes only. The treatment guidelines are generic in character and should be applied to individuals only as deemed appropriate by the treating practitioner on a case by case basis. Bayside Health, through MSHC, does not accept liability to any person for the information or advice (or the use of such information or advice) which is provided through these treatment guidelines. The information contained within these treatment guidelines is provided on the basis that all persons accessing the treatment guidelines undertake responsibility for assessing the relevance and accuracy of the content and its suitability for a particular patient. Responsible use of these guidelines requires that the prescriber is familiar with contraindications and precautions relevant to the various pharmaceutical agents recommended herein.

- Clothing and bed linen need to be washed (i.e. machine-washed, machine-dried using the heat cycle, or dry cleaned) or removed from body contact for at least 72 hours, as lice can only survive for a short time outside the human host.
- Fumigation of bedding and living areas is not necessary.
- Patients with pediculosis pubis should be screened for other co-existing STIs

TREATMENT

Permethrin 5% cream (Lyclear) or 5% lotion (Quellada) should be applied to cool clean dry skin, covering the whole body (except the head), left on overnight then washed off thoroughly. Permethrin has activity against eggs, as it retains residual activity on the hair for 2 weeks, thereby killing any eggs that hatch after treatment. A second treatment can be given 1 week after the first, for maximum cure rate.

Antihistamines can assist with itch, which can last for a few days after treatment.

If treatment has failed with the above agents, malathion 0.5% lotion (Maldison) can be tried. It is applied for 8-12 hours then washed off; its use in pregnancy should be avoided (B2). Oral ivermectin has been successfully used to treat pubic lice but has only been evaluated in small studies. Lindane is not recommended as first-line therapy because of toxicity.

For eyelash involvement: petroleum jelly applied b.d. for 7 days, or physostigmine ophthalmic ointment 0.25%, applied to the lashes daily for 3 days.

CONTACTS

The sexual partners of patients with pediculosis pubis should be treated, where contact has occurred with the last month.