

European Guideline for the Management of Pediculosis pubis

Aetiology

The crab louse *Pthirus pubis* is transmitted by close body contact and may infest the strong hairs of the pubic and perianal areas; those of the legs, forearms, chest; and rarely the eyelashes, eyebrows, axillary hair and beard.

Clinical features

- nits and/or lice may be seen attached to hairs
- itching red papules
- maculae cerulae are blue macules that may occur at the site of bites, particularly on the lower abdomen and thighs

Diagnosis

- Diagnosis is usually based on typical clinical findings
- Microscopic examination of a nit or louse of *Pthirus pubis* may be undertaken if there is diagnostic uncertainty

Management

Information, explanation and advice for the patient

- Patients should be advised to avoid close contact until they and their sexual partners have completed treatment and follow-up (level of evidence IV; grade C recommendation)
- Patients should be given a detailed explanation of their infestation together with clear written information (level of evidence IV; grade C recommendation)

General

Screening for other STI is indicated

Therapeutic options

The quality of evidence comparing one treatment with another is poor (1), and most of the recommendations are based on studies on the treatment of head lice (2-4). The interpretation of these studies is difficult as many demonstrate variable efficacy that may or may not apply to pubic lice (5,6)

Carbaryl is carcinogenic and is no longer available.

The possibility of resistance to some of the therapies listed should be considered if the infestation persists, and a different pediculocide should be applied (7).

All hairy areas of the body from the neck down should be treated.
Any moustache or beard should also be treated if infested.

Recommended regimens

- Malathion 0.5% lotion on dry hair, wash out 12 hours after application (level of evidence IV; grade C recommendation)
- Permethrin 1% lotion (9) on wet hair, wash out after 10 minutes (level of evidence Ib; grade A recommendation)
- Phenothrin 0.2% lotion on dry hair, wash out after 2 hours (level of evidence IV; grade C recommendation)

Decontamination of bedding/clothes by laundering may require temperatures of greater than 50°C as it has been shown that lower temperatures cannot be guaranteed to eliminate head lice and nits (8)

Treatment may be repeated after one week if necessary

Special situations

Pregnancy/lactation

- Permethrin appears to be safe in pregnancy (10) (level of evidence III; grade B recommendation)

Lice in the eyelashes *

- Vaseline eye patch reapplied twice daily for 8-10 days or
- Remove lice with tweezers or forceps or
- Apply permethrin 1% lotion with a cotton swab to the eyelashes, wash off after 10 minutes (permethrin does not irritate the eyes, but the eyelids should be kept closed throughout the treatment)

* Oral ivermectine has been used by some authors (level of evidence IV; grade C recommendation)

Management of partners

Always treat infected contacts, preferably simultaneously with the index patient.

Follow-up

- After one, and if necessary, two weeks. Look for lice.
- Explain to patients that dead nits may remain adherent to the hairs, and need not be removed

Authors

Dr GR Scott, Consultant in Genitourinary Medicine, Edinburgh Royal Infirmary

Prof Olivier Chosidow, Head, Department of Dermatology, Hôpital Henri Mondor, Créteil, France

References

1. Brown S, Becher J, Brady W. Treatment of ectoparasitic infections, review of the English language literature 1982-1992. *Clin Inf Dis* 1995; 20(suppl): S104-9.
2. Meinking TL, Taplin D, Kalter DC, Eberle MW. Comparative efficacy of treatments for pediculosis capitis infestation. *Arch Dermatol* 1986;122:267-71.
3. Chosidow O, Chastang C, Brue C, et al. Controlled trial of malathion and d-phenothrin lotions for *Pediculus humanus var capitis*-infested schoolchildren. *Lancet* 1994; 344:1724-7
4. Nguyen VX, Robert P. Treatment of head lice. *New Engl J Med* 1997; 336:734-5
5. Efficacy of a reduced application time of Ovide lotion (0.5% malathion) compared to Nix creme rinse (1% permethrin) for the treatment of head lice. Meinking TL, Vicaria M, Eyerdam DH, Villar ME, Reyna S, Suarez G. *Pediatr Dermatol*. 2004 Nov-Dec;21(6):670-4.
6. A randomized investigator-blinded, time-ranging study of the comparative efficacy of 0.5% malathion gel versus Ovide Lotion (0.5% malathion) or Nix Crème Rinse (1% permethrin) used as labeled, for the treatment of head lice. Meinking TL, Vicaria M, Eyerdam DH, Villar ME, Reyna S, Suarez G. *Pediatr Dermatol*. 2007 Jul-Aug;24(4):405-11.
7. Speare R, Koehler JM. A case of pubic lice resistant to pyrethrins. *Aust Fam Physician* 2001; 30:572-4.
8. Izri A, Chosidow O. Efficacy of machine laundering to eradicate head lice: recommendations to decontaminate washable clothes, linens, and fomites. *Clin Infect Dis* 2006;42:e9-10
9. Kalter DC, Sperber J, Rosen T, Matarasso S. Treatment of pediculosis pubis - clinical comparison of efficacy and tolerance of 1% lindane shampoo versus 1% permethrin cream rinse. *Arch Dermatol* 1987;123:1315-9.
10. Mytton OT, McGready R, Lee SJ, *et al*. Safety of benzyl benzoate lotion and permethrin in pregnancy: a retrospective matched cohort study. *Br J Obstet Gynecol* 2007;114:582-7