

European Guideline for the Management of Pediculosis pubis

Authors

Dr Gordon R Scott, Consultant in Genitourinary Medicine, Edinburgh
Royal Infirmary, Scotland
Prof Olivier Chosidow, Head, Department of Dermatology, Hôpital Henri
Mondor AP-HP, Créteil, France

Guideline editor:

Assoc. Prof Michel Janier , STD clinic , Hôpital Saint-Louis AP-HP,
and Head of Dermatology Department, Hôpital Saint-Joseph , Paris,
France

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Aetiology

The crab louse *Phthirus 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 *Phthirus 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 (2-5). The interpretation of these studies is difficult as many demonstrate variable efficacy that may or may not apply to pubic lice (6,7)

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 (8).

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)
B and clothes should be decontaminated. Laundering require temperatures of greater than 50°C as it has been shown that lower temperatures cannot be guaranteed to eliminate head lice and nits (10)

Treatment may be repeated after one week if necessary

Special situations

Pregnancy/lactation

- Permethrin appears to be safe in pregnancy (11) (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 sexual partners

Sp partners within the previous month should be treated, preferably simultaneously with the index patient Sexual contact should be avoided for one week following treatment of both partners.

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

IUSTI / WHO European STD guidelines Editorial Board

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Search Strategy

Evidence for this guideline was provided by review of the Medline/Pubmed, Embase, Google, Cochrane Library, and relevant guidelines up to July 2009. A Medline/Pubmed and Embase search was carried out from January 1981 to August 2009 using the term pediculosis in the title or abstract. A search of the Cochrane Library included Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects and Cochrane Central Register of Controlled Trials. The 2001 European Guideline for the Management of Pediculosis pubis was the main source for the present guideline. In addition, the following guidelines were reviewed: 2006 US Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease Guidelines and 2007 British Association for Sexual Health and HIV (BASHH) National Guideline for the Management of Phthirus pubis.

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Appendix I: Levels of evidence and grading of recommendations

Level of evidence

- Ia Meta-analysis of randomised controlled trials
- Ib At least one randomised controlled trial
- IIa At least one well designed controlled study without randomisation
- IIb At least one other type of well designed quasi-experimental study
- III Well designed non-experimental descriptive studies
- IV Expert committee reports or opinions of respected authorities

Grading of recommendation

- A Evidence at level Ia or Ib
- B Evidence at level IIa, IIb or III
- C Evidence at level IV

Appendix 2: declarations of interest

Gordon Scott and Michel Janier – none

Olivier Chosidow reports consulting fees from Laboratoire Pierre Fabre
and lecture fees from Pohl Boskamp