GUIDELINE

European guideline for the management of pediculosis pubis, 2010

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Summary: Transmission of the crab louse *Phthirus pubis* generally occurs by close body contact. Diagnosis is usually clinical and screening for other sexually transmitted infections (STIs) is indicated. While most evidence is extrapolated from studies of head lice treatments, topical pediculicides are recommended and treatment of sexual contacts is indicated.

Keywords: *Phthirus pubis*, pediculosis pubis, phthiriasis, pubic lice, treatment

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 (phthiriasis palpebrarum), 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 *P. pubis* may be undertaken if there is diagnostic uncertainty.

MANAGEMENT

Information, explanation and advice for the patient

- Patients should be advised to avoid any sexual relationship 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).

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General

Screening for other sexually transmitted infections (STIs) is indicated.

Therapeutic options

The quality of evidence comparing one treatment with another is actually non-existent, and most of the recommendations are based on studies on the treatment of head lice.[1–3] Moreover, due to resistance in head lice, some results may be inapplicable in pubic lice or *vice versa*.[4–8]

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

All hairy areas of the body from the neck down should be treated, although a small number of cases also involve margins of the scalp, particularly at the nape of the neck. 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 (although alcoholic excipient present in most preparations in Europe may be irritant on excoriated skin) (level of evidence IV; grade C recommendation);
- Permethrin 5% cream on wet hair, wash out after 10 minutes (level of evidence IV; grade C recommendation).

Bedding and clothes should be decontaminated. Laundering requires temperatures of greater than 50°C as it has been shown that lower temperatures cannot be guaranteed to eliminate head lice and nits.[9]

Treatment should be repeated after one week as the products have a poor ovicidal activity.

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 5% cream 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 ivermectin has been used by some authors (level of evidence IV; grade C recommendation).

Management of sexual partners

Sexual 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.

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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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