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PHTHIRIASIS PALPEBRARUM.

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Infestation of the eyelids by the crab-louse, Phthirus pubis, is not considered a common ophthalmic condition. Fuchs (1933) states "the disease is rare, present almost exclusively in children and is disagreeable on account of the itching." Harman (1939) says "lice are occasionally seen on the lashes of very dirty people. In neglected cases there may be rows of nits on the lashes."

During recent weeks I have seen four cases of this condition, an incidence quite unparalleled in my experience, which in itself is sufficient reason for bringing it to the notice of others. In three of them both eyes were infested, and in all four infestation was confined to the upper eyelid. The youngest case was a youth of 17 years and the oldest a woman of about 40 years; the other two were males in the early twenties. None could be described as dirty, in fact they belong to the educated "middle-class" type of Baganda.

Itching was by no means a prominent symptom. One man, for example, gave as his only reason for attending the clinic that a friend had remarked the presence of the nits on his lashes. The woman complained of blurred vision for which no cause could be found and which was rapidly ameliorated by removing her lice. In no case was there any sign of scratching such as one finds in a pubic infestation, nor was there any local reaction, oedema, in the skin of the lids.

Diagnosis is easy if one has the condition in mind. The nits show up very plainly among the black lashes and against the dark African skin. All those seen have been affixed to the proximal third of the lashes, some very close to the skin, others more distant from it, a circumstance probably dependent on the growth of the lash. The lice by contrast are admirably camouflaged and without the tell-tale evidence of the nits their presence would never be suspected. They are of the same colour as the skin and lie flush with it.

Treatment does not call for drastic measures. It is quite unnecessary to cut off the lashes. Aided by a binocular magnifying loupe the nits can be seized one by one with epilatory forceps and either crushed or pulled off the lash; they are not firmly adherent. The lice have to be teased into an upright position when they are easily picked off with the forceps. This is conveniently done with an eye-spud or an iris repositor. The process is tedious but not difficult. As an indication of what may be expected the most recent case, the unilateral one, produced 17 lice. A count was not made in the earlier cases but the impression is held that
in none was the infestation less heavy. The subsequent use of the yellow oxide of mercury ointment will ensure the destruction of any lice that may have escaped detection.

The manner in which this infestation is acquired can only be a matter for conjecture. None of the cases had or had had a pubic infestation. Moreover, in a long experience of urogenital work in this country I can recall but few instances of this latter condition. It may perhaps be reasonable to suggest that the extra-territorial movement of African troops is responsible for what appears to be a fairly rapid dissemination of this unpleasant parasite.

REFERENCES.


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