Head lice in African children

The recent observation of an African child affected by Pediculus humanus capitis infestation prompted us to review the epidemiology of this infestation in subjects with pigmented skin, in particular African patients. This decision was taken because, in collective dermatological imagination, head lice is considered as a rare or very rare infestation in African subjects.

The patient was a 2-year-old boy, who was admitted to our Dermatology Unit because of pruritus on the scalp. The boy was born in Ethiopia and was adopted by an Italian family two months before our observation. His foster parents stated that he was in good general health and was not in therapy with systemic drugs. Furthermore, his laboratory examinations, performed just a few weeks before our observation, were within normal ranges or negative.

Dermatological examination revealed some adults and nits of Pediculus humanus capitis. Some signs of scratching and pupular folliculitis were also visible. Bacteriological examinations were positive for Staphylococcus aureus and Escherichia coli (according to antibiogram results, both bacteria were sensitive to amoxicillin). Mycological examinations were negative.

The patient was successfully treated with a foam containing pyrethrins and piperonyl butoxide; oral amoxicillin was also used for ten days. The follow-up (three months) was negative.

To our knowledge, the first epidemiological survey on head lice prevalence in Sub-Saharan Africa was published in 1982. In two schools in Accra (Ghana), 158 out of 319 pupils (49.5%) were affected by head lice. The infestation rates were higher in the school of lower socio-economic status. Crowding, communal use of toilets and hair plaiting were considered as predisposing factors.1

Epidemiological-clinical surveys were subsequently carried out in several countries: Ethiopia,2,3 Niger,4 Mali,5 Gambia,5 Sierra Leone,6 Ivory Coast,7 Benin,7 Nigeria,7-12 Kenya12 and Tanzania.13 Results of these studies are interesting. In fact, except for Ethiopia, where head lice prevalence has been always high, ranging from 31.2% to 55.4% to 65.1%, in several other countries it is low: 4.7% in Mali, 5.3% in Tanzania,13 5.7% in Nigeria,4 6.9% in Sierra Leone,5 8% in Kenya.12 Rather surprising are the results of some surveys carried out in Nigeria, where the prevalence of head lice ranged from 0.7% to 28.6% (Table I).1,5-16 17

Table I.—Prevalence of head lice in Sub-Saharan Africa.

<table>
<thead>
<tr>
<th>Authors, year</th>
<th>Country</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwaku-Kpikpi1</td>
<td>Ghana</td>
<td>49.5</td>
</tr>
<tr>
<td>Ogunrinade et al.12</td>
<td>Nigeria</td>
<td>1.5/5.7**</td>
</tr>
<tr>
<td>Areneb,19</td>
<td>Niger</td>
<td>5.7</td>
</tr>
<tr>
<td>Chunge18</td>
<td>Kenya</td>
<td>8</td>
</tr>
<tr>
<td>Lindsay et al.8</td>
<td>Gambia</td>
<td>29.8</td>
</tr>
<tr>
<td>Dagnow et al.7</td>
<td>Ethiopia</td>
<td>55.4</td>
</tr>
<tr>
<td>Gbakima et al.9</td>
<td>Sierra Leone</td>
<td>6.8</td>
</tr>
<tr>
<td>Mucungu et al.4,14</td>
<td>Ethiopia</td>
<td>65.1</td>
</tr>
<tr>
<td>Flomoyi,15</td>
<td>Nigeria</td>
<td>3.7</td>
</tr>
<tr>
<td>Mueh17</td>
<td>Mali</td>
<td>4.71/4.4</td>
</tr>
<tr>
<td>Henderson19</td>
<td>Tanzania</td>
<td>5.3</td>
</tr>
<tr>
<td>Menan et al.10</td>
<td>Nigeria</td>
<td>18.5</td>
</tr>
<tr>
<td>Murgia et al.2</td>
<td>Ethiopia</td>
<td>31.2</td>
</tr>
<tr>
<td>Heukelbach et al.9,11</td>
<td>Nigeria</td>
<td>28.6</td>
</tr>
<tr>
<td>Okoh et al.10</td>
<td>Nigeria</td>
<td>6.7</td>
</tr>
<tr>
<td>Kalu et al.17</td>
<td>Nigeria</td>
<td>12</td>
</tr>
</tbody>
</table>

*Urban schoolchildren. **Urban schoolchildren.
the European Survey on Carbapenemase-Producing Enterobacteriaceae (EUCASTPE) and the Antimicrobial Resistance Surveillance Network (Lars-Net) alerted about the increasing resistance of these bacteria to both carbapenems and colistin. Finally, also *Burkella recurrentis* DNA was found in 23% of head lice from Ethiopian patients with relapsing fever. In conclusion, head lice is not so rare in African children as commonly thought. In addition, these insects can be vectors of pathogenic bacteria. Head lice should not be underestimated in African children: careful examination, therapy and follow up must be performed.

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References


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Mudi-chood in an Indian woman living in Italy

Mudi-chood, which means “heat of the hair” in Malayalam language, is an uncommon dermatosis resulting from the effect of moist oily hair (treated with coconut/Ayurvedic oils) staying in contact with the skin in a hot/humid environment. It presents with skin colored or slightly hyperpigmented, well-defined, flat topped,