nodules in all the cases were treated with topical crotamiton (10%) with hydrocortisone (0.25%) applied thrice daily for 12 weeks. Out of 100 cases 78 showed partial regression of lesions at the end of second week. Complete regression of nodules occurred in 35/100 cases at the end of the 4th week, in 85/100 cases by the end of 6th week and in all the cases nodules disappeared by eighth week.

It was observed from the above study that topical ointment containing crotamiton and hydrocortisone application thrice daily is an excellent therapy for treating NS. Initial period of study was kept as 12 weeks, taking into consideration of intractable nature of NS;but all patients in the above study were cured by eighth week. So none of the cases needed intralesional steroids or excision of multiple nodules.

References

1. Orkin M, Epstein E, Maibach HI. Treatment of today's scabies and pediculosis, JAMA 1976;236:1139.

2. Cubela V, Yawalkar SJ. Clinical experience with crotamiton. Br J Clin Practice 1978;32:229-231.

3. Sharma VK, Kumar B. Persistent scabious nodules-A clinicopathologic study. Indian J Dermatol Venereol Leprol, 1986;52:26- 29.

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Pediculosis palpebrarum

To the Editor:

Three college going male students between the ages of 18 to 22 years presented within a period of one month with marked itching, redness and watering of eyes, of 3-4 days duration. The right eye was involved in two cases, while the third had bilateral lesions. Examination revealed conjunctival congestion, yellowish encrustation and oedema of both upper and lower eyelids. Hand lens examination revealed the crusts to be composed of ova adhering to the eyelashes in great numbers with occasional lice gripping the roots of the eyelash hair. Enquiry revealed history of exposure with prostitutes; and crowded staying conditions with over ten students living together in a single room and low standard of hygiene, though they denied homosexuality. Genital examination in all three showed excoriation, whealing and scratch marks in the pubic region and groins without maculae ceruleae. Low power microscopy of the nits and louse picked up from one of the hair confirmed the diagnosis of pediculosis pubis et palpebrarum, without involvement of the other hairy areas of the body like scalp, eyebrows, axillae, chest or back. VDRL, and ELISA for HIV were negative in all the 3 cases.

Pubic and axillary hairs are far enough apart to suit the span of the pubic louse (2 mm) whereas it avoids the scalp because the hair are too close together (1 mm). Rarely, they may spread to the perineum, thighs, very occasionally the lower legs and to the trunk. The eyelashes and eyebrows may be affected in heavily infested adults but more often in children without pubic or axillary hair and in inhabitants of crowded slums.[1] Phthirus pubis probably reaches the eyes by transmission by the hand from the pubic hair.[2]

Pediculosis pubis is spread by close physical contact, usually sexual intercourse, but less commonly by bed sharing by mother and child or brothers or sisters. The children in such

cases are infested on the eyelashes.[1] Kirschner had suggested that eyelash involvement may be on the increase with greater sexual promiscuity.[3]

Interesting features of these cases were the close clustering of the students, symptoms of genital itching overshadowed by the eye symptoms and the higher index of suspicion warranted in diagnosing such cases.

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References

1. Alexander JO. Infestation with Anoplura-lice. In: Arthropods and Human Skin. Alexander JO. ed. Berlin: Springer-Verlag, 1984:29 - 55.

2. Duke-Elder S, Mac PA. Inflammation of the Lids. In: System of Ophthalmology Duke-Elder S and Mac Faul PA, eds, 1st edn. London: Henry Kimpton Publishers, 1974, Vol XIII, Part I:37-250.

3. Kirchner MH. Pedicalosis pubis infestation of the eyelids. JAMA1982:248:428.