DEMODICIDOSIS INVOLVING HUMAN FACEO

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Summary

From the face of each of nine patients having rosacea-like lesions the follicle mites identified as Demodex folliculorum (DF) (Simon) were isolated in varying numbers. In our control cases no mites were demonstrated from similar sites. Treatment with one percent lindane (Cosmascab lotion-Napha) applied locally for seven consecutive days improved the condition in all patients.

Demodex folliculorum, commonly known as follicle mite inhabits the hair follicles and sebaceous glands particularly around the nose and eyes. It has been recognised as a parasite of human beings in all parts of the globe. Does this follicle mire play any role in the etiology of any skin disease? It is still an unsolved question. Some believe in its etiological role and some others do not.

Relationship between these mites and acne, blepheritis, pityriasis rosacea¹, acne rosacea, pityriasis alba³, alopecia⁴ eye irritation⁵, scaly disorders of skin⁶, ⁷, ⁸ naevus and epithelioma⁹ have all been reported.

- O This article is based on a paper presented at the 6th Annual Conference of Indian Association of Dermatologists, Venereologists and Leprologists, Calcutta in February, 1978.
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Recently certain cases, attending our skin O.P.D. and having rosacea-like lesions on nose, sides of nose, lips, cheeks and chin attracted our attention. As the areas involved are also the favourite sites of lodgement of demodex folliculorum suspicion regarding their etiological role in these conditions arose in our minds.

Material and Methods

Scrapings from the affected areas of 9 patients with rosacea like lesions were taken on glass slides mounted separately in Berlese's fluid and examined carefully under light microscopy, to detect the presence of any mite. The number of mites per slide, if any, was noted. From 11 normal persons (control) scrapings from similar spots were examined.

Results and discussion

From the affected sites of each of the nine patients **Demodex** folliculorum (Simon) mites were detected. The number of mites per slide varied from 1-18. From 11 normal persons no mite was recovered.

Demodex folliculorum was discovered independently by Henle¹⁰ and Berger¹¹ in 1842. Simon¹² described it as Acarus

folliculorum. Owen¹⁸ reevaluated the genus as Demodex. According to Akbulatova¹⁴ there are two subspecies of the mite; namely DF longus and DF brevis. Desch and Nutting¹⁵ however proposed the name Demodex folliculorum (Simon) and Demodex breirs (Akbulatova) respectively for those two subspecies.

The measurements of all the mites of the present series tallied with those of D. folliculorum (Simon)¹⁶. It is of interest to note that no D. brevis (Akbulatova) was detected from our patients. In this connection it is pertinent to mention that it is neither fully confirmed, nor denied that there are two distinct demodicid species inhabiting the skin of man¹⁷.

Some workers, as stated earlier, do believe that DF can cause some skin trouble. Others do not believe so. According to Gmeiner¹⁸ in a wide range of skin diseases, these mites are no more numerous in the lesions than elsewhere in the same host. Workers like Ayres and Mihan⁵ believe that the aetiologic significance of DF is not based on its mere presence, but on quantitative considerations.

Detection of mites in the present series of cases presenting rosacea like lesions is very striking. Age of these patients varied from 15-32 years. Out of 9 patients, 6 were males.

Scrapings from similar sites from control group did not reveal any DF. But their presence in normal skin has been reported by other workers. It is then possible that in some persons due to some unknown reasons the mites create hypersensitive reactions and pathological lesions.

It is also interesting to note that when 1% lindane lotion was applied once daily for seven consecutive days, the skin lesions improved. Probability exists that after discontinuation of the treatment, mites may reappear and skin lesions recur.

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