



Briefly about Pubic Lice

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Abstract

Pubic lice is a disease caused by the parasite *Phthirus pubis* that attacks human pubic hair. In addition to the genital area, it can also affect other areas covered with hair. Pubic lice are small insects about the size of a pinhead. The louse cannot jump and feeds exclusively on blood. Pubic lice are primarily transmitted through sexual intercourse and are associated with sexually transmitted diseases. Transmission is also possible through sheets, towels or clothing with an infected person.

Keywords: Pubic Lice, Parasite, Pthiriasis, Pediculosis, Health

Introduction

Crab lice are around 1 mm in length with a more extensive, shorter body than head lice and they take after little crabs [1]. Their eggs, which are joined to human hairs, are practical for up to 10 days; the adult crab lice can live for at slightest 36 hours absent from the have. Crab lice have serrated edges on their to begin with claw that empower them to ambulate on the whole body surface. The rate is marginally higher in men, most likely due to the expanded sum of coarse body hair. Infestations with crab lice can be found in all levels of society and all ethnic bunches, in spite of the fact that those of Asian plummet or with negligible pubic hair are seldom swarmed. Invasion is most regularly watched in those 15–40 years of age, relating with expanded levels of wanton sexual movement. In spite of the fact that pervasion is regularly considered a sexually transmitted illness, people who have had no sexual exposures are once in a while plagued through fomite transmission.

Crab lice (*Phthirus pubis*) are parasites which are transmitted through sexual intercut as well as shared contact with dress or cloth [2]. The nits or eggs are kept at the base of hair shafts and after 7-9 days, they bring forth and the unused lice connect themselves to the skin of the have. An erythematous papule may result from the little bites, and auxiliary contamination can take after. The determination is made by the history of serious tingling or the genuine locating of the lice moving on the skin surface. Positive recognizable proof can be made with the help

of a amplifying glass or a microscope.

Parasites

Lice are commit human parasites that cannot survive off their have for more than 10 days (adults) to 3 weeks (fertile eggs) [3]. Actual survival rates may be shorter than this. Lice are called ectoparasites since they live on, or maybe than in, the body. They are classified as creepy crawlies since they have six legs. Three sorts of lice overrun people: *Pediculus humanus var. capitis* (head mite), *Pediculus humanus var. corporis* (body mite), and *Phthirus pubis* (pubic or crab mite). All three have comparative anatomic characteristics. Each is a little (less than 2 mm), level, wingless creepy crawly with three sets of legs found on the front portion of the body specifically behind the head. The legs end in sharp claws that are adjusted for nourishing and allow the mite to get a handle on and hold solidly onto hair or clothing. The body mite is the biggest and is comparable in shape to the head mite. The crab mite is the littlest, with a brief, oval body and unmistakable claws taking after ocean crabs.

Lice nourish around five times each day by puncturing the skin with their claws, infusing chafing spit, and sucking blood. They do not ended up engorged like ticks, but after nourishing they ended up rust colored from the ingestion of blood; their color is an distinguishing characteristic. Lice feces can be seen on the skin as little, rust-colored bits. Spit and, conceivably, fecal fabric can actuate a extreme touchiness response and aggravation. Lice are dynamic and can travel rapidly, which clarifies why they can

be transmitted so effectively. The life cycle from egg to egg is roughly 1 month.

Crabs

Pubic lice are wingless creepy crawlies which cannot hop or fly and in spite of the fact that portion of the same family are diverse from head or body lice, being littler and squatter [4]. When seen beneath a magnifying instrument, the pliers can be effectively recognized in this manner giving pubic lice with their moniker ‘crabs’. The life cycle of a pubic mite is in the following three stages:

- The nit – This is the oval egg in which the lice starts life and moves absent from the skin as the hair grows.
- The nymph – The infant lice breaks free from the egg by discharging discuss from its butt and moves back to the hair root to bolster on blood.
- The matured lice – This is around 1–2 mm in length and dim dark to brown in colour. It has three sets of legs with claws planned to get a handle on the hair. Head lice claws are littler to get a handle on the finer hair on the head. They nourish off the blood and may bolster off the same spot for days. Passed by coordinate skin to skin contact but it is conceivable to choose them up from contaminated bedding, dress or towels but less likely. In any case, lice will not survive without their nourishment source of blood for more than 24–48 hours. Pubic lice may moreover be found on eyelashes and it has moreover been known that pubic lice can be passed from areola hair to babies’ eyes during breast-feeding.

Scabies

Pediculosis pubis comes about from invasion with “crab lice” or *Phthirus pubis* [5]. Influenced patients as a rule show with pubic or anogenital pruritus, and may have distinguished lice or nits. The doctor ought to be able to distinguish lice or nits with cautious examination, and their nonattendance calls into address the determination in spite of congruous history.

Scabies, coming about from infestation with *Sarcoptes scabiei*, ordinarily presents with pruritus not fundamentally restricted to the genital locale. The concentrated of pruritus may be expanded at sleep time, and may be out of extent to unassuming physical discoveries of erythematous papules, burrows, or excoriation from scratching. A classic finding on physical examination is the

serpiginous burrow show in the web space between fingers, in spite of the fact that this finding is habitually missing in people with scabies.

Scabies can be sexually transmitted in grown-ups; sexual contact is not the normal course of transmission in children. Pruritus may hold on for weeks after treatment. Retreatment ought to be conceded if concentrated of indications is lessening and no unused discoveries show up. In HIV-infected patients with uncomplicated scabies, treatment is the same as for HIV uninfected patients.

Scabies is an commit parasite [6]. The female bug burrows into the upper portion of the epidermis and lays eggs that bring forth into a hatchlings, which creates into a sprite that reach adulthood in 10 to 14 days. In common, transmission happens by coordinate skin- to- skin contact. In extreme shape, such as lavish or crusted scabies, transmission may also happen through tainted clothing or bedding. Skin emission with classical scabies is inferable to both pervasion and touchiness response to the bug. In addition, since the emission is as a rule irritated, prurigo and superinfection are common. The fundamental indication is pruritus that ordinarily compounds at night, and it is regularly related with tingling experienced by other family individuals in the family or among individuals in near physical contact with an swarmed person. The injuries are commonly found in the finger networks, on the flexor surfaces of the wrists, on the elbows, in the axillae, and on the buttocks and genitalia. The rudimentary injuries are papules, vesicles, burrows, and knobs. In crusted scabies, clinical signs incorporate hyperkeratotic plaques, papules, and knobs, especially on the palms of the hands and the soles of the feet, in spite of the fact that regions such as the axillae, buttocks, scalp, and genitalia in men and breasts in ladies may moreover be affected.

Myiasis

Myiasis is invasion of any portion of the body by the hatchling of diptera (flies), for the most part found in ignored wounds [6]. Various species can be included, the clinical introduction shows as knobs, ulcers, inching ejection and defilement of wounds. The eggs are laid in ignored ulcers and wounds, which afterward slither with hatchlings. It can cause complications like canker, cellulitis, lymphangitis and lockjaw. The nasal, auricular and visual cavities can be influenced by the movement of larva.

People voyaging to nations where flies are endemic, ought to wear defensive clothing and utilize mosquito nets at night. They

ought to take fastidious care of their wounds.

The point of treatment is to expel the hatchling as a entirety to avoid remote body reaction.

Myiasis can be treated by infusion of nearby anaesthetics into the skin. This anaesthetizes both the skin and the hatchlings, the injury is at that point chiseled and the hatchling pushed out with weight from underneath the lesion.

The hatchling can too be choked with topical application of thiobendazole or topical 1% ivermectin.

A single measurements of verbal ivermectin 200 µg/kg is moreover effective.

Treat the auxiliary infection.

Pthiriasis

Pubic mite invasion is caused by the crab mite (*Pthirus pubis*), named for its crablike appearance caused by the broadening of the moment two sets of legs [7]. Grown-up crab lice are 1 to 2 mm long and similarly wide and are gray, yellow, or brown. Extraordinary pruritus in the inguinal locale is ordinarily the to begin with sign of invasion. Dried serous liquid, blood, or mite feces in the pubic hair are demonstrative of an pervasion. Intensely plagued people may have blue or gray macules that do not whiten beneath weight. Nits are as a rule laid on the pubic and perianal hair, but invasions of facial hair, counting eyebrows, eyelashes, mustache, and beard, may happen, as do less visit pervasions of the axilla. Transmission happens most frequently during sexual contact. Authoritative determination requires recognizable proof of the nits or lice. As with head lice, pubic lice are not known to transmit any pathogens to people, so the sole point of treatment is evacuation of the creepy crawly parasite infestation.

Pubic lice are treated with the same insecticidal creams or salve as pediculosis capitis, with a moment application after 1 week since the items have destitute ovicidal movement. Resistance to pyrethrins has been appeared. All hairy regions of the body ought to be treated at the same time. Shaving is some of the time valuable when nits are ample. Invasions of the eyelashes ought to be treated with permethrin 5% cream (wash off after 10 minutes) or as it were with petrolatum (connected twice a day for 8– 10 days), taken after by mechanical evacuation of the nits.

Verbal ivermectin at the dose of 200/ 400 µg/ kg (rehash at 7 days) has been narratively utilized in abundant cases.

As in other mite invasions, all sexual contacts ought to be inspected and treated when fundamental. Bedding and dress ought to be washed in hot water (50°C/ 122°F). Prepubertal children displaying with pubic mite invasions ought to be assessed with respect to conceivable child manhandle. Treatment failure is as a rule a result of an untreated bushy zone or reinfestation from an untreated sexual contact. In expansion, patients ought to too be screened for related sexually transmitted diseases.

Pediculosis

Pediculosis is an pervasion by lice [8]. There are three fundamental sorts: pediculosis capitis (head lice), pediculosis corporis (body lice), and pediculosis pubis (pubic, or crab, lice). For the most part, the lice chomp the skin and nourish on human blood, taking off their eggs and excrement, which can cause seriously tingling. The lice are oval and are around 2 mm in length.

In pediculosis capitis, the female mite lays eggs (nits) near to the scalp, where the nits gotten to be solidly joined to hair shafts. The most common zones of invasion are the back of the scalp and behind the ears. The nits are around 1 to 3 mm in length and show up shimmering white and sparkling. Transmission is by coordinate contact or contact with plagued objects, such as combs, brushes, wigs, caps, and bedding. It is most common in children and individuals with long hair.

Pediculosis corporis is caused by body lice that lay eggs in the creases of clothing and at that point penetrate the skin. Zones of the skin more often than not included are the neck, trunk, and thighs.

Pediculosis pubis is caused by crab lice. It is for the most part localized in the genital locale, but it can also be seen on hairs of the chest, axillae, eyelashes, and beard. The lice are around 2 mm in length and have a crablike appearance. It is mainly transmitted through sexual contact or, to a lesser degree, by swarmed bed linens.

Individuals with pediculosis as a rule show with pruritus, caused by the lice ingesting spit and at that point storing stomach related juices and feces into the skin [9]. Women may report seeing the lice or known presentation to a family part or sexual

accomplice with head, body, or pubic lice. A history of shared clothing, washing hardware, or bedding may moreover be given. Determination is made by coordinate examination of the egg cases (nits) in the included zone. In spite of the fact that the nits are more often than not obvious to the exposed eye, a hand focal point and light can be accommodating in distinguishing them. Black dots (excreta) may be obvious on the encompassing skin and underclothing, and outsides or scabs may be seen in the pubic zone. Women with pediculosis pubis ought to be tried for other STIs.

Presentation

Crab lice display with pruritus of the pubic locale [1]. Crab lice eggs (nits) may be troublesome to see connected to the base of hairs, since they may be skin-colored or basically show up as hemorrhagic outsides. In expansion, there may be erythema around the hair follicles, as well as excoriations, auxiliary bacterial contamination, and lymphadenopathy. When the eyelashes are swarmed, feces may gather on the second rate lower eyelid, imitating bits of mascara. Macula cerulea are asymptomatic cutaneous injuries on the trunk and thighs that may be seen in people with crab lice. They are slate-gray to pale blue, sporadically molded macules that are 0.5–1 cm in distance across, and are related with more persistent infestations.

Treatment

Topical insecticides are the standard treatment for crab lice [1]. Sexual accomplices ought to be treated at the same time. The suggested treatment regimen agreeing to the USA Centers for Disease Control and Prevention (CDC) is at first permethrin 1% cream or pyrethrins with piperonyl butoxide connected to the influenced region and washed off after 10 minutes. Elective treatment regimens incorporate malathion 0.5% salve connected for 8–12 hours and washed off, or ivermectin 250 mg/kg reshaped in 2 weeks. More as of late, spinosad topical suspension (Natroba®) has been presented for head lice annihilation. It is planning as it were for treating the scalp in influenced patients, 4 years or older, and not for pregnant or breast-feeding women. Side-effects incorporate erythema, peeling, and irritation.

Pediculosis of the eyelashes ought to be treated by applying occlusive ophthalmic treatment to the eyelid edges twice a day for 10 days. Bedding and clothing ought to be expelled from body contact for at slightest 72 hours. Fumigation of living regions is not necessary.

Conclusion

The most common route of transmission is sexual contact, or contact with the intimate area of an infected person. Less commonly, it can be transmitted through towels, clothing, and bedding. As with other sexually transmitted diseases, lice can survive for a very short time outside the human body.

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