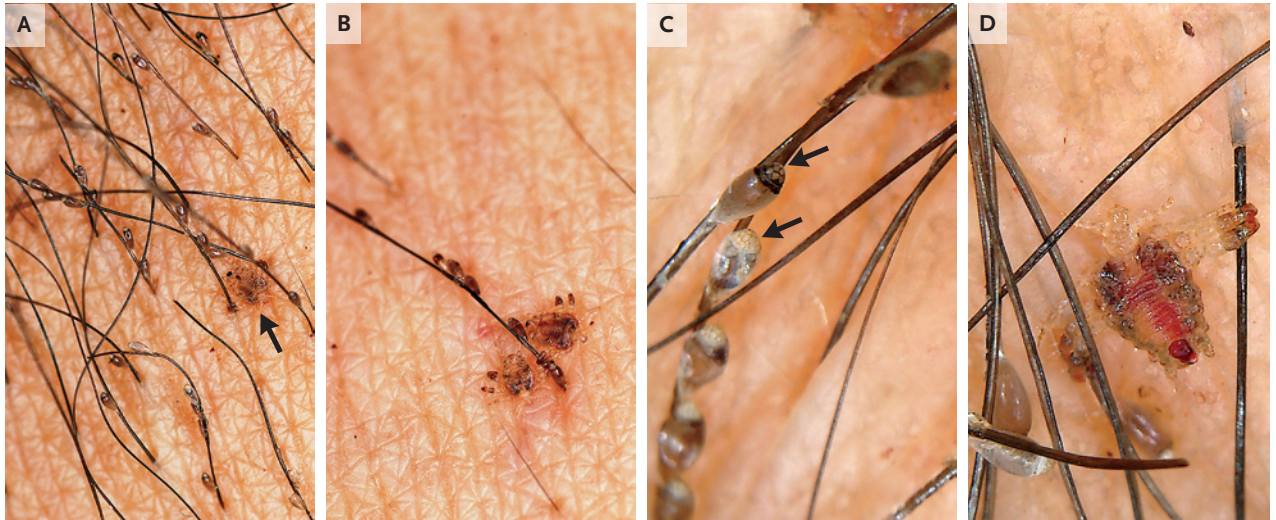


IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

Pubic Lice



A 59-YEAR-OLD MAN PRESENTED TO THE DERMATOLOGY DEPARTMENT with a 4-week history of severe itching in his pubic region. Sixteen weeks before presentation, he had had sexual contact with a new partner. On physical examination, small, brown nits (Panel A) and mobile, crab-shaped lice (Panel A [arrow] and Panel B) were seen attached to the shafts and bases, respectively, of pubic hairs. No lice were seen elsewhere on the body. Dermoscopic examination showed nits that had a cap, or operculum, at one end (Panel C, arrow) and six-legged lice ingesting blood (Panel D and video). A diagnosis of pubic lice was made. Pubic lice (*Phthirus pubis*) are parasites that are most commonly transmitted through sexual contact. The life cycle of the organism involves stages as a nit (or egg), nymph, and adult louse. An adult louse will die within 48 hours without a blood feeding. Treatment with topical lindane — the only lice-killing medication available locally — was given. Testing for syphilis, human immunodeficiency virus infection, and gonorrhea was negative. The patient was also advised to wash his clothing and bedsheets in hot water and to avoid sexual contact until treatment was successful. One week after treatment was completed, his itching had abated.

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