Pediculosis Pubis
Pediculosis pubis  Numerous lice and nits located around the pubic hair. (Photo courtesy of John T Crissey, MD.)
Pubic lice, commonly known as crabs, are small yellow-grey parasites that resemble a crab. It is spread primarily through sexual contact and occasionally through clothing, bedding and towels. It usually affects the pubic area and adjacent hairy areas but can infest beard and armpit hair and occasionally eyebrows and eyelashes.

**Symptoms**

- **Itching is the main symptom.** The incubation period from exposure to itching is approximately 30 days but can vary.
Overview

• Pubic lice (pediculosis pubis), also known as crab lice or crabs, is a louse (a type of wingless, bloodsucking insect) that can live and multiply (infest) on skin that grows pubic hair. **Pubic lice most commonly affect the pubic hair, but other hair-bearing areas, such as the armpits and eyelashes, eyebrows, or scalp, may also be affected.** The infestation usually causes itching, but it can occur without any symptoms. It is spread by close physical contact or contaminated clothing, bedding, or towels (fomites). Pubic lice infestations may occur with other sexually transmitted diseases.
Transmission:

- Pediculus Pubis (Pubic Lice, Crab Lice) Pediculosis, the infestation of humans by lice, has been documented for millennia. Three species of lice infest humans: Pediculus humanus humanus, the body louse; Pediculus humanus capitis, the head louse; and Pthirus pubis, the crab louse. The hallmark of louse infestation is pruritus at the site of bites. Lice are more active at night, frequently disrupting sleep of the host, which is the derivation of the term “feeling lousy.” Adult crab lice can survive without a blood meal for 36 hours. Unlike head lice, which may travel up to 23 cm/min, pubic lice are sluggish, traveling a maximum of 10 cm/d. Viable eggs on pubic hairs may hatch up to 10 days later. Crab louse infestation is localized most frequently to the pubic and perianal regions but may spread to the mustache, beard, axillae, eyelashes, or scalp hair. Infestation usually is acquired through sexual contact, and the finding of pubic lice in children (often limited to the eyelashes) should raise concern for possible sexual abuse. Maculae caeruleae (Item C17A), blue-gray macules observed on the abdomen and thighs at sites where lice have fed, is a useful, although less common finding.
Crab lice affect all races and ethnic groups. This is in contrast to head lice, which rarely infest African-Americans, perhaps because the oval cross-sectional shape of their scalp hair does not permit lice to grasp the hair effectively. The preferred treatments for pubic lice infestation are permethrin 1% or pyrethrin with piperonyl butoxide. Other options include permethrin 5% or malathion (although the latter agent is expensive, potentially flammable, and may be irritating when applied to the groin). Lindane is effective, but concerns about toxicity if used improperly or ingested inadvertently limit its use. It is considered a second-line therapy, is contraindicated for use in neonates and pregnant women, and should be used with caution in those weighing less than 110 pounds. If the eyelashes are affected, petrolatum may be applied to them three to five times daily for 10 days.
Treatment

The treatment of choice is permethrin (Nix) cream rinse. To use, shower and towel dry, then apply Nix to affected area and adjacent hairy areas, skin and armpits. Leave on for 10 minutes, then rinse off. Other alternatives include pyrethrins (RID, etc). A second treatment is usually recommended 7-10 days later.

• All clothing, bed linens, blankets and towels should be machine washed in hot water. To clean effectively do not overload machine. Items that cannot be easily washed should be dry-cleaned or stored in plastic bags in a cool place for four weeks. Carpets and fabric covered furniture should be thoroughly vacuumed.

• After treatment some nits (eggs) may remain on the hair shaft even though the unborn lice are dead. They can be removed by a fine tooth nit comb. A 1:1 vinegar and water solution applied to the affected area, and left on for 10-15 minutes, can dissolve the cement holding the nit to the hair shaft.

• All sexual partners and contacts should be treated at the same time. Patients should avoid sexual contact with their sex partner(s) until all have been treated. Since pediculosis is primarily a sexually transmitted disease (STD), a full STD evaluation may be recommended.