Phthiriasis palpebrarum is an uncommon condition in developed countries and appears in cases of bad hygiene. Sometimes this disease can be misdiagnosed as common blepharitis. There are a number of treat-



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Figure 1 Slit lamp examination: Nits anchored to the evelashes. A moving insect was observed hanging from an eyelash (red arrow).

cryotherapy, argon laser photocoagulation, fluorescein eye drops 20%, physostigmine 0.25%, lindane 1%, petroleum gel, yellow mercuric oxide ointment 1%, malathion drops 1% or malathion shampoo 1%, oral ivermectin and pilocarpine gel 4%.1 However, the most popular and simplest treatment is direct removal of the parasites with forceps.^{1–3} Family members. sexual and close contacts should all be examined and treated appropriately, if necessary.

Learning points

- Phthiriasis palpebrarum is an uncommon condition in developed countries and appears in cases of bad hygiene.
- Sometimes this disease can be misdiagnosed ► as common blepharitis.
- There are a number of treatment options for ► phthiriasis palpebrarum, however the most popular and simplest is the direct removal of parasites with fine forceps.

Competing interests None.

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Phthiriasis palpebrarum

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DESCRIPTION

A 61-year-old woman was admitted to the hospital because of itching, burning sensation and moderate pain of 3 months duration in her right eye. Her ophthalmologist diagnosed common anterior blepharitis and prescribed a combination of antibiotic and corticosteroid eve drops. Best corrected visual acuity was 20/20 in both eyes, intraocular pressure was 15 mm Hg right eye and 14 mm Hg left eye. Slit lamp examination revealed nits anchored to the eyelashes (figure 1). Moving insects were observed hanging from the eyelashes (red arrow, figure 1). We mechanically removed some of the eyelashes, including lice and nits, with the use of fine forceps and advised the patient to apply yellow oxide of mercury ointment 1% three times daily over the lid margins. Ten days later, the eyelashes were clear of all lice and nits. We continued the same treatment once daily for about 3 weeks. The patient was followed-up once every 15 days for 2 months. There was complete cure without any recurrence.

ment options for phthiriasis palpebrarum including