

Dermatology

PEDICULOSIS CAPITIS

- Causative agent: *Pediculus humanus var. capitis* (not a vector of infectious diseases)
- Transmission: Direct head-to-head contact and fomites
- Clinical feature: Presence of lice and nits occipital, postauricular area may be masked by secondary changes Matting of hair—*plica polonica* (see Figure 1 and Figure 2, below)
- Differential diagnosis: Pyoderma, seborrheic dermatitis
- Treat all contacts: Permethrin 1% rinse, Carbaryl 0.5% (lotion-shampoo), Malathion 0.5% (lotion-shampoo).
- Oral Sulphamethoxazole, 400 mg+ Trimethoprim, 80 mg combo
- Oral Ivermectin 6–12 mg stat



Figure 1: Pediculosis capitis with eczematization—note the number of nits



Figure 2: Pediculosis capitis showing live adult lice.

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