LOUSY EYE - AN OCCURRENCE OF PARASITIC INFESTATION OF THE HUMAN EYELID BY A DOG LOUSE MASQUERADING AS A STYE

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ABSTRACT

It is a case report of a new parasitic infestation of the human eye lids masquerading as stye identified microbiologically as dog louse occurring similarly to the most commonly reported parasite of the human eye lid - Pediculosis caused by crab louse.

KEYWORDS

Dog Biting Louse, Trichodectes Canis, Eye Lid Parasite, Crab Louse, Pediculosis.


INTRODUCTION

A 15-year-old girl with history of a swelling noticed on the left upper eyelid for the past 1 week with occasional bloody discharge seen from the lid margin for the last 2 days. History of itching sensation with a feeling of crawling sensation noted on and off especially at night. No history of pain or defective vision in the eyes. No history of similar complaints in the family or herself in the past. There is no history of having pet animals at home.

On examination.

Right Eye | Examination | Left Eye |
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6/9, N6 | UCVA | 6/9, N6 |
Normal | Anterior segment | Upper eye lid live parasitic infestation of the eye lash |
Normal | Fundus undilated | Normal |

UCVA-uncorrected visual acuity, N-near visual acuity.

A diagnosis of parasitic infestation of the left upper eyelid was made and the parasite was removed alive and preserved in 70% alcohol and then sent for microbiological identification. The parasite was identified as a dog biting louse named Trichodectes canis. Patient was given topical 0.5% moxifloxacin eye drops 4 times a day for 5 days and advised good facial hygiene and followed up for 1 month.

Photograph 1 & 2: Showing the Infestation of the Left Upper Eyelid Lashes and the adherent Louse to the Lid Margin with Blood Discharge

Photograph 3, 4 & 5: Shows the Louse after Removal using the Epilation Forceps and later Mounted on to the Glass slide under Cover Slip
The diagnosis and treatment of such parasitic infestations remains the same as that for the phthiriasis palpebrum which is mechanical debridement and followed up with health education on good facial hygiene and awareness about the spread of zoonotic diseases from pet animals.

CONCLUSION
Parasitic infestations are not uncommon which can masquerade as chronic blepharitis or hordeolum and a careful slit-lamp examination of the patient with history of foreign body sensation, irritation and feeling of crawling sensation especially during sleep should raise the suspicion of a parasitic infestation in the clinician’s mind and the diagnosis and treatment of any similar parasitic infestation remains the same, but an attempt should be made to identify the organism and documented, as all louse need not be crab louse like his one and all swellings need not be stye.

This is the author’s first experience of such a clinical presentation and has not yet been reported in humans anywhere else in the literature till now to the best of the author’s internet search.

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REFERENCES