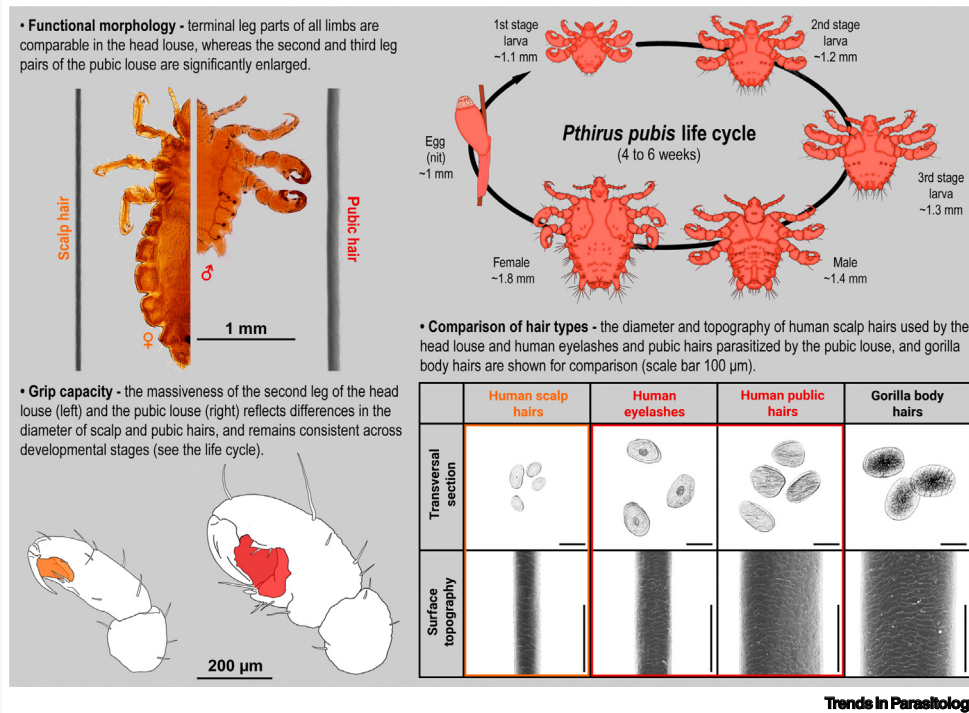
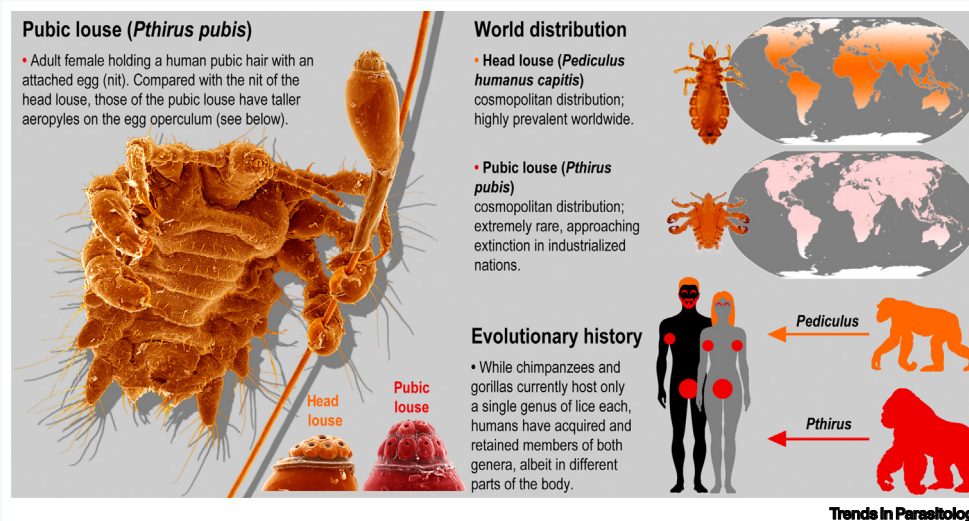


Pthirus pubis (pubic louse)Jan Votýpka ^{1,2}, Jana Bulantová ¹, and Julius Lukeš ^{2,3,*}¹Department of Parasitology, Faculty of Science, Charles University, Prague, Czechia²Institute of Parasitology, Biology Centre, Czech Academy of Sciences, České Budějovice (Budweis), Czechia³Faculty of Sciences, University of South Bohemia, České Budějovice (Budweis), Czechia

The human pubic louse originated from a host switch from gorillas to humans ~3 million years ago. These permanent, blood-feeding ectoparasites use crab-like claws (hence crab louse) to grasp pubic and perianal hair, making transmission primarily dependent on close physical or sexual contact (hence papillon d'amour). Other body parts can also be infested, including legs, abdomen, chest, back, eyelashes, and, rarely, the scalp. Infestations occur year-round, with a slight increase in colder months. All three human lice species are highly host-specific and live exclusively on humans. Historically, prevalence ranged from 2% to 10% but has precipitously declined since the millennium. Social changes, particularly the 'deforestation' of their natural habits, are a major factor, as most sexually active adults now at least partially remove pubic hair. Case reports are increasingly rare, incidence is extremely low, and the pubic louse may be nearing extinction – particularly in affluent populations.

**KEY FACTS:**

Unlike the body louse, the pubic louse is not known to transmit any human disease.

Adults die within 48 h without a blood meal.

Females lay 20–30 eggs (nits) over a ~2-week lifespan; after ~1 week, nymphs hatch and mature through three instars into adults in 2–3 weeks.

Their sedentary lifestyle limits movement to a few centimeters per day.

The human pubic louse harbors a specific endosymbiont, *Ca. Riesia pthiripubis*.

DISEASE FACTS:

Most infestations are asymptomatic, but symptoms can include itching (pruritus), often leading to scratching. Phthiriasis pubis may cause reddish bumps, excoriations, and secondary infections.

Eyelashes infestation (phthiriasis palpebrarum/ciliaris) in children may lead to blepharitis and conjunctivitis.

Diagnosis is clinical, based on inspection. Bites can leave small (<1 cm) gray-blue spots (maculae ceruleae).

Treatment includes mechanical removal and topical pediculicides: permethrin (1–5%), pyrethrins (0.3–0.5%), malathion (0.5–1%), or lindane (1%).

Washing linens, hygiene, and sexual abstinence help prevent reinfestation.

TAXONOMY AND CLASSIFICATION:

The spelling *Pthirus*, fixed in 1958, stems from a misspelling of the Greek *phthirus*. It is followed by entomologists, though parasitologists often retain *Phthirus*, preserved in names like Phthiraptera and Rhynchophthirina.

PHYLUM: Arthropoda

CLASS: Insecta

ORDER: Phthiraptera

SUBORDER: Anoplura

FAMILY: Pthiridae

GENUS: *Pthirus*

SPECIES: *P. pubis* (Linnaeus, 1758)

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Acknowledgments

We thank the Czech-Biolmaging project (VMCF - LM2023050) for support. We also thank Prague Zoo and J. Šimek for providing gorilla hair.

Declaration of interests

The authors declare no competing interests.

Resources

<https://www.cdc.gov/dpdx/pthiriasis/index.html>

<https://www.ncbi.nlm.nih.gov/books/NBK459226/>

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