Pasteurella multocida conjunctivitis

K Tharmaseelan, M S Morgan

We present a case of *Pasteurella multocida* conjunctivitis in a pseudophakic patient. Other ocular manifestations of *Pasteurella multocida* infection are mentioned, and the importance of stressing to animal owners the need to avoid close contact with their pets is discussed.

Case report

An 80-year-old man presented with a 1 week history of redness and discharge 11 weeks after an uncomplicated left extracapsular lens extraction and posterior chamber lens implantation.

On examination there was evidence of posterior blepharitis, with conjunctival injection and a few follicles present. The cornea was clear, with a few cells present in the anterior chamber. No reflux of material from the lacrimal sac could be demonstrated.

The diagnosis of bacterial conjunctivitis was confirmed when a conjunctival swab yielded *Pasteurella multocida*, sensitive to the chloramphenicol prescribed empirically. In view of the association of *Pasteurella* infection with animal contact, on further questioning he admitted to owning a poodle, but denied any form of close contact with the animal, beyond taking it for walks.

Five days later he was symptom free. He was advised about lid hygiene, and a repeat swab was sterile.

Comment

Pasteurella multocida is a Gram negative oral commensal of many domestic animals. Human ocular infection with *Pasteurella multocida* is uncommon, accounting for only 12 of the 3699 isolates reported during 1975–86.[1]

Three out of four cases of *Pasteurella* endophthalmitis reported resulted from cat-related ocular trauma,[2–5] and *Pasteurella multocida* meningitis followed orbital exenteration in a patient with close animal contact.[6]

We strongly recommend that *Pasteurella* infection should be considered in any pet owner presenting with an eye infection, and that patients are advised to avoid close contact with animals in the immediate postoperative period.

West of England Eye Infirmary, Exeter
K Tharmaseelan

Royal Devon and Exeter Hospital, Exeter
M S Morgan

Correspondence to:
Mr K Tharmaseelan, Plymouth Health Authority, Royal Eye Infirmary, Apsley Road, Plymouth PL4 6PL.

Accepted for publication 13 July 1993

1 Young SEJ. Pasteurella infections 1976–1986. *PHLS Microbiology Digest* 1988; 5: 4–5.
2 Galloway NA, Robinson GE. Panophthalmitis due to Pasteurella septica. *Br J Ophthalmol* 1973; 57: 153–5.
3 Hoffman ME, Sorr EM, Barza M. Pasteurella multocida endophthalmitis. *Br J Ophthalmol* 1987; 71: 609–10.
4 Vartian CV, Septimus EJ. Endophthalmitis due to Pasteurella multocida and CDC EF-4. *J Infect Dis* 1989; 4: 733.
5 Weber DJ, Wolfson JS, Swartz MN, Hooper DC. Pasteurella multocida infections. Report of 34 cases and review of the literature. *Medicine (Baltimore)* 1984; 63: 133–54.
6 Dolman PJ, Ezzat S, Rootman J, Bowie WR. Pasteurella multocida meningitis following orbital exenteration. *Am J Ophthalmol* 1988; 105: 698–9.

British Journal of Ophthalmology 1993; 77: 815–816

Phthirus pubis infestation of the eyelids

Paul A Rundle, David S Hughes

A case of phthiriasis palpebrarum treated with 1% aqueous malathion is described.

Case report

A 32-year-old woman presented to the eye casualty department of the University Hospital of Wales with a 5 week history of bilateral blepharoconjunctivitis, unresponsive to topical antibiotics. Visual acuity was 6/6 in each eye. Slit-lamp examination revealed evidence of a follicular conjunctivitis with a mild punctate epitheliopathy. The cause was readily apparent, there being several lice (later shown to be the crab louse, *Phthirus pubis*) and numerous translucent egg cases adherent to the base of the eyelashes (Fig 1). The lids themselves were moderately excoriated. There was no evidence of infestation elsewhere and contact tracing failed to reveal the source of the problem.

It was decided to treat the patient with malathion 1% aqueous shampoo applied carefully to the lid margins with cotton buds, washed off after 5 minutes. This regimen was repeated 2 days later. The patient was reviewed 2 days after her first treatment when a marked improvement

Eye and Ear Clinic, Royal Victoria Hospital, Belfast BT12
P A Rundle
D S Hughes

Correspondence to:
Dr P Rundle.

Accepted for publication 28 July 1993