

**MACULAE CERULEAE ASSOCIATED WITH PEDICULOSIS CAPITIS****Dr. Samyukta R.<sup>1\*</sup>, Dr. Jayakar Thomas<sup>2</sup>**<sup>1</sup>Post Graduate, First Year, Department of Dermatology, Venereology and Leprosy, Chettinad Hospital and Research Institute (CHRI), Kelambakkam, Tamil Nadu, India.<sup>2</sup>Director and Professor, Department of Dermatology, Venereology and Leprosy, Chettinad Hospital and Research Institute (CHRI), Kelambakkam, Tamil Nadu, India.**\*Corresponding Author: Dr. Samyukta R.**

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**ABSTRACT**

Maculae ceruleae are bluish or slate-colored macules caused by louse bites and are often associated with pediculosis infestation. We report a case of a 14-year-old girl presenting with itching over the scalp for 10 days, along with asymptomatic bluish discoloration behind the left ear. On cutaneous examination, multiple small, slate-blue macules were noted behind the left ear and occipital region, along with nits and lice on hair shafts. The patient was treated with 1% permethrin lotion applied topically once weekly for two weeks, followed by wet combing. Good personal hygiene, treatment of household contacts, and washing of linens and clothing in hot water were advised. The lesions resolved within three weeks. Maculae ceruleae, though benign, serve as a useful diagnostic marker for pediculosis capitis, especially when infestation is mild or overlooked.

**KEYWORDS:** Maculae ceruleae, Pediculosis capitis, Louse infestation, Blue macules, Dermatology case report.**INTRODUCTION**

Maculae ceruleae, also known as taches bleues (Latin: macula = spot, ceruleus = blue), are asymptomatic, bluish or slate-gray macules that occur due to louse bites. These lesions are most commonly associated with *Pediculus pubis* infestation but may also occur in cases of *Pediculus capitis*. The discoloration results from louse saliva and mechanical trauma, which cause focal capillary damage and dermal hemosiderin deposition. Recognition of maculae ceruleae is important for prompt diagnosis of pediculosis, especially in patients with mild or hidden infestations.

**MATERIALS AND METHODS**

A 14-year-old girl presented to the Dermatology Outpatient Department with complaints of itching over the scalp for 10 days and bluish discoloration behind the left ear. Clinical examination revealed multiple small, slate-blue macules behind the left ear and occipital region, along with the presence of numerous nits and lice on the hair shafts. Routine hematological and biochemical investigations were normal.

**RESULTS AND DISCUSSION**

The patient was diagnosed with maculae ceruleae secondary to pediculosis capitis. Treatment included topical 1% permethrin lotion applied once weekly for two weeks, followed by wet combing to remove dead lice and nits. The patient was also advised to maintain personal hygiene, treat all household contacts, and wash bedding and clothes in hot water to prevent reinfestation. At the three-week follow-up, the lesions had resolved completely. Maculae ceruleae are benign but serve as a useful clinical sign of lice infestation. Histologically, they represent hemosiderin deposition in the dermis due to louse-induced vascular injury. Awareness of this sign aids clinicians in diagnosing pediculosis, thereby avoiding unnecessary investigations for bluish skin lesions.



**Figure 1: Slate-blue macules behind the left ear in a 14-year-old girl with pediculosis capitis (maculae ceruleae).**

### CONCLUSION

Maculae ceruleae are characteristic but often overlooked signs of pediculosis. Recognizing these lesions facilitates early diagnosis and management, preventing chronic infestation and spread. Effective treatment with topical pediculicides, hygiene maintenance, and treatment of contacts ensures complete resolution.

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