The Prevalence of Demodex Folliculorum on Eyelashes of Symptomatic and Asymptomatic Normal Patients

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INTRODUCTION

Demodex Folliculorum (DF) is the most commonly parasitised found in human skin and eyelashes (1). They are ordinarily found on the face, cheeks, nose, chin and eyelashes (2). Ocular symptoms of DF infestation include itching, dryness, surface irritation, burning, foreign body sensation, photophobia and reduced vision (3,4). The human body plays host to two types of Demodex, DF and Demodex Brevis (DB). DF is approximately 0.4 mm in length and resides in the hair follicles. DB is slightly smaller (approximately 0.2 mm) and is generally found in the sebaceous glands (5). Adult DF and DB have a head with four pairs of legs attached, and a long body-tail (6,7) (Figure 1). Their main food source comprises of sebum and epidermal cells (8). DF mites are most active at night, when males DF travel across the skin in search of a mate, moving 16mm/hr. Female DF lay eggs in the base of the eyelash and sebaceous glands. The lifecycle of DF is approximately 14-18 days (8,9).

The incidence of DF increases with age and skin conditions such as acne rosacea (10,11). DF has been observed in 25% of patients aged 20, 84% of patients at age 65 and 100% of patients over the age of 70 (12,13).

Figure 1: Detail of Demodex Folliculorum, multiple mitas found on one eyelash.

Figure 2: Cylindrical dandruff visible as cuffs at the base of the eyelashes.

OBJECTIVE

To examine the prevalence of DF on the eyelashes of symptomatic and asymptomatic patients in a normal clinical setting.

METHODS

Students and patients of the National Opthamy Centre (n = 100 eyes), aged 19 – 78 years were assessed and sub-divided into 4 groups; Group (1) No signs or symptoms (n = 13), Group (2) signs only, no symptoms (n = 5). Group (3) symptoms only, no signs (n = 26) and Group (4) signs and symptoms (n = 56).

Each subject completed a novel DF questionnaire on ocular symptoms and lifestyle, Habitual distance visual acuity was assessed and a slit lamp examination was conducted. 8 lashes – 2 from each eyelid were manipulated and splatted for microscopic examination. Adult DF count was recorded using the modified Costen method (4).

Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>ANOVA P-value</th>
<th>Kruskal-Wallis P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Frequency of bed linen cleaning</td>
<td>0.002</td>
<td>0.001</td>
</tr>
<tr>
<td>Presence of cylindrical dandruff</td>
<td>0.000</td>
<td>0.002</td>
</tr>
<tr>
<td>Discosculated / mis-directed eyelashes</td>
<td>0.003</td>
<td>0.000</td>
</tr>
<tr>
<td>Staphylococcal blepharitis</td>
<td>0.005</td>
<td>0.003</td>
</tr>
<tr>
<td>Staphylococcal blepharitis</td>
<td>0.008</td>
<td>0.001</td>
</tr>
<tr>
<td>Meibomian gland dysfunction</td>
<td>0.024</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Figure 3: Shows the distribution of Demodex counted across the different categories and the ages of the subjects in each category.

RESULTS

A one-way ANOVA was used to analyse the prevalence of DF (P < 0.005).

- The DF count significantly increased with age (P < 0.000), frequent increase of cleaning pillow cases (P = 0.011) and in the presence of cylindrical dandruff (CD) (P = 0.000), discosculated/mis-directed lashes (P = 0.000) and meibomian gland dysfunction (MGD) (P = 0.024). There was no significant link (P = 0.05) between DF count and gender, make-up, skin conditions, allergies, method of drying bed linen, method and frequency of lid hygiene routine.

- The presence of DF was significantly less among make-up (P = 0.000) and contact lens wearers (P = 0.000). The lowest numbers were seen among two-weekly and monthly wearers (P = 0.000).

- The non-parametric test Kruskal-Wallis was also applied and similar results were found. (See Table 1 for significant results with regards to quantity of DF).

- A one-way ANOVA was used to analyse the age and lifestyle of patients who were more symptomatic (significance level ≤ 0.05). Patients were more symptomatic with increasing age (P = 0.000) and allergies (P = 0.010). Patients who were contact lenses were significantly less symptomatic (P = 0.000).

- One-way ANOVA analysis showed the most significant associated ocular discomfort symptoms were grit/irritated eyes (P = 0.049), itchy eyes (P = 0.019), burning eyes (P = 0.042) and lashes stuck together in the morning (P = 0.000). The highest presence of DF was seen among subjects who reported symptoms most noticeable during the afternoon and night (P = 0.013).

- The prevalence of Demodex is relatively high, and is more common with increasing age. Some studies suggest 100% of patients over the age of 70 have Demodex (14). The prevalence of DF found with in age in this study are shown in Figure 3. Overall prevalence found was 61%.

CONCLUSION

DF was found on 61% of eyes tested in the study. Of those 8% of eyes were asymptomatic, 26% of eyes were found to have no DF, yet 66.6% of these patients were symptomatic. Not all patients with symptoms will have DF, and DF can still be found in asymptomatic individuals, but most patients will have symptoms or signs seen on slit lamp evaluation.

There are significant relationships between the presence of and number of DF with age, contact lens wear and frequency of cleaning pillow cases but the latter results are significantly influenced by the age of the subjects. The average age of subjects cleaning bed linen once a month is 24 years in comparison to 45 years for those wearing bed linen once a week and 59 years – once a week (P = 0.003). The higher age group were associated with more frequent bed linen washing and this may skew the result. The large sample size of younger patients in this study is a limitation, a larger sample size would be preferable with age-matched subjects.

Acknowledgements

The National Optometry Centre and Dublin Institute of Technology for the use of their premises and equipment.

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References


Figure 4: Percentage of Patients Tested vs Age Groups

Figure 5: Number of Demodex vs Percentage of Population

Figure 6: Graph showing the distribution of Demodex counted across the different categories and the ages of the subjects in each category.

Figure 7: Graph showing the number of patients with signs of Demodex Folliculorum on eyelashes.