

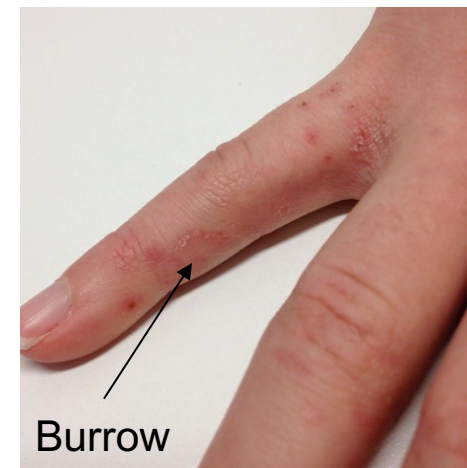
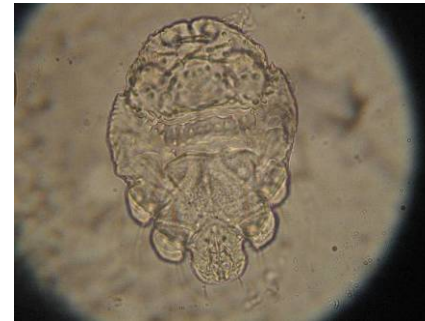
Scabies

(*Sarcoptes scabiei*)

- Mite burrows into epidermis and lays eggs, hatch in 2-4 days and mature in 10-14 days
- Transmitted by direct skin-to-skin contact, limited transmission by fomites (e.g. linens, clothes, stuffed animals)
- Risk factors: crowded living quarters
- Often affects multiple family members
- **Diagnosis:** often clinical but diagnosis with scraping, burrow ink test, or dermoscopy recommended
- **Differential diagnosis:** eczema, impetigo, tinea corporis, psoriasis

Clinical Features

- Generalized pruritus worse at night
- Usually erythematous papules
- Tiny lines of scaling skin (burrows) are classic, but not often seen
- Affects webbed spaces (e.g. fingers) and flexural areas (e.g. wrist, axilla, under breast, groin)
- May cause secondary bacterial infection, usually GAS or *S. aureus*



Treatment

- ✓ **Permethrin 5%** cream or lotion: apply to all skin from neck down (infants should apply to head too). Don't forget between fingers & toes and groin area.
- ✓ **Treat everyone who lives in the house and all close contacts all at the same time.**
- ✓ Apply at bedtime, wash off in morning. Repeat in 7 days.
- ✓ Wash all clothing, linens in hot water and dryer or put in sealed bag for 5-7 days. Clean house.
- ✓ School/daycare policy: Can return 24 hours after the first dose.
- ✓ Oral ivermectin now available for resistant cases or when topical permethrin not possible