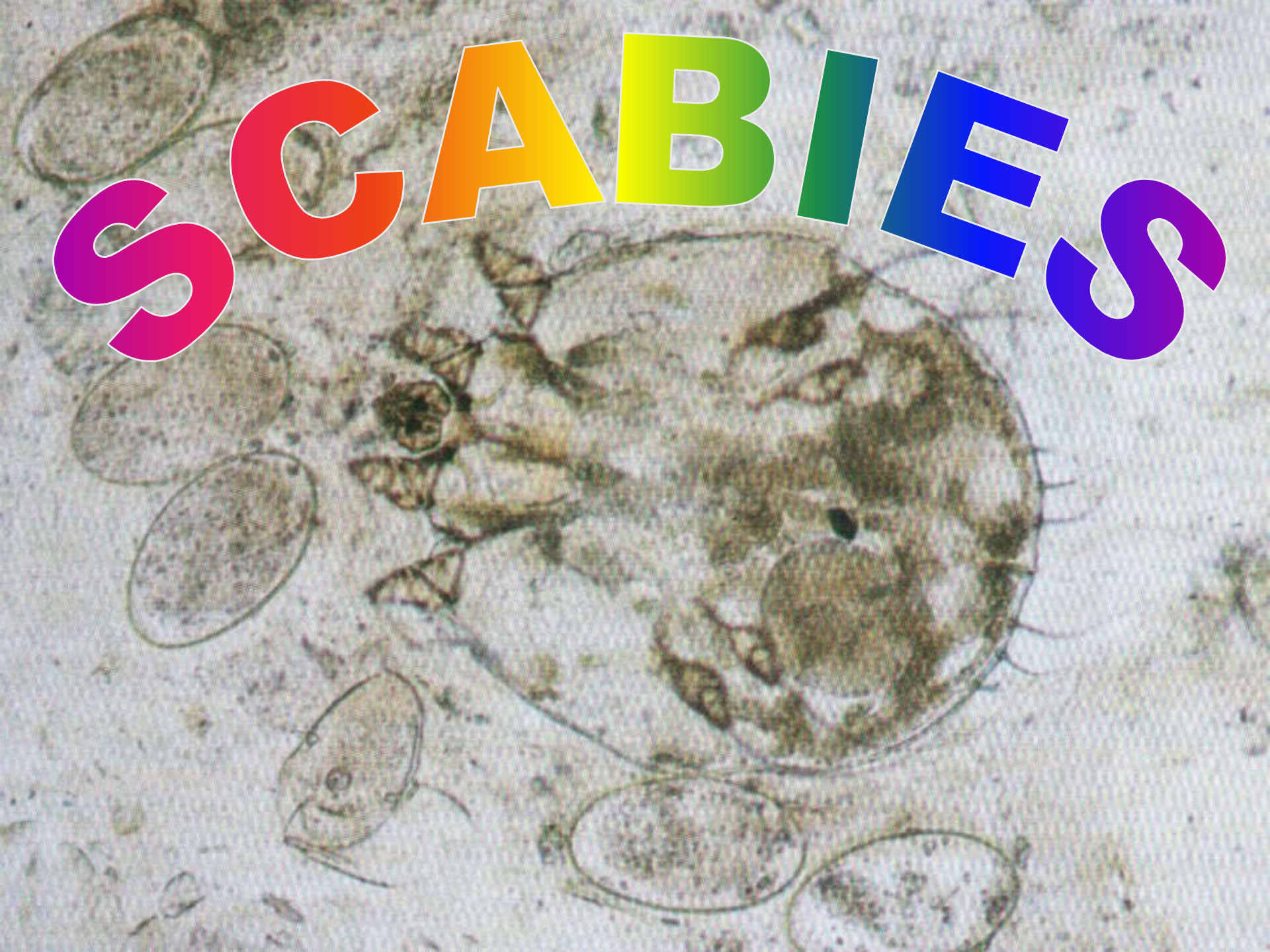






PARASITIC INFESTATIONS

SCABIES



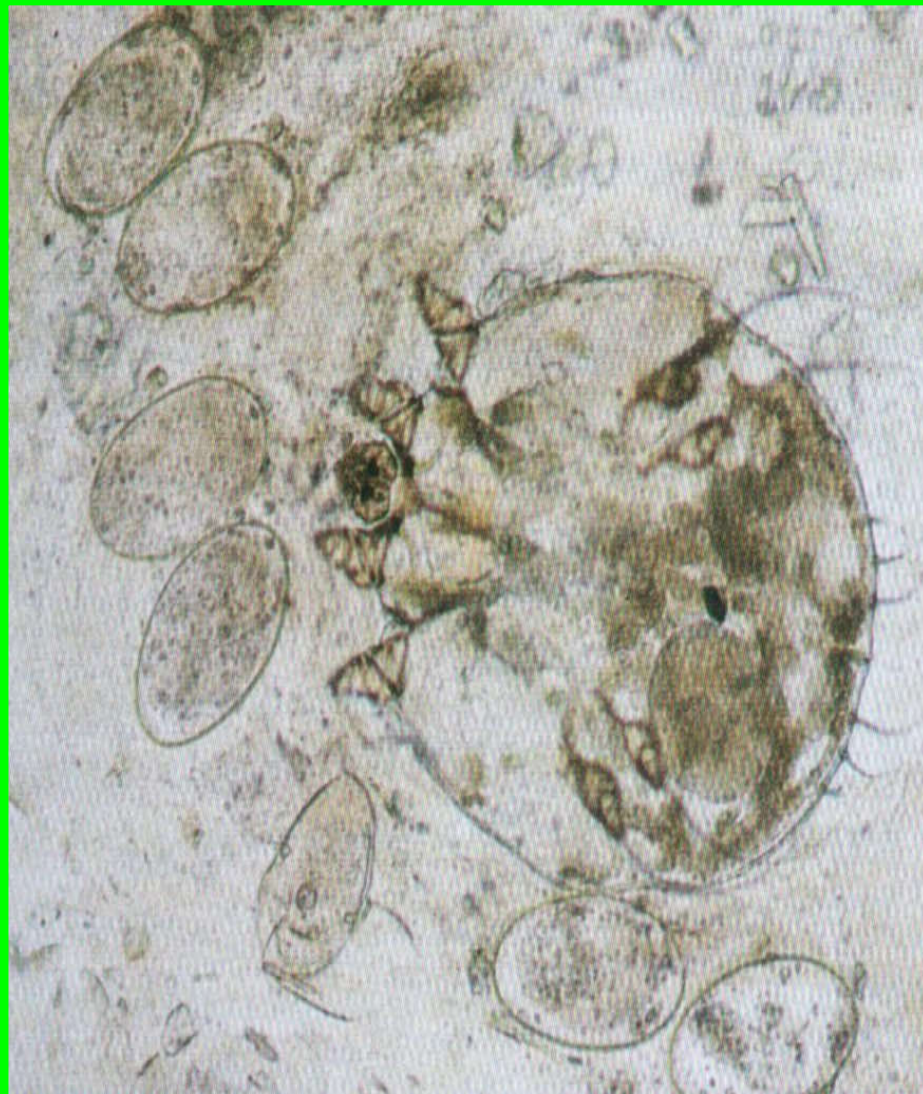
Scabies

* Definition:

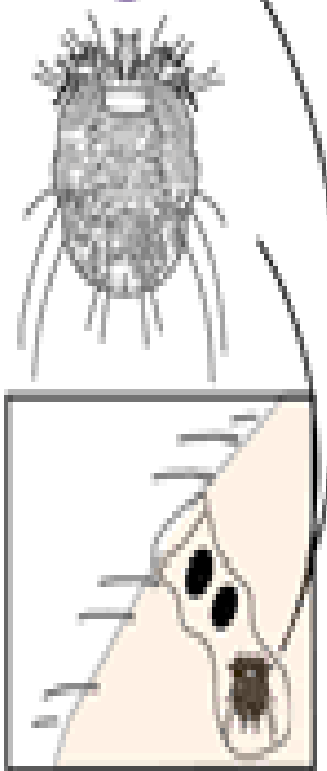
A very common infectious disease caused by fertilized females of a mite called *Sarcoptes scabiei*. It is associated with severe itching

* Incubation period: 2 – 3 wks

■ Etiology:

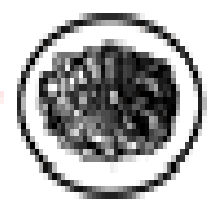


1



Adult females deposit eggs as they burrow.

2



Egg

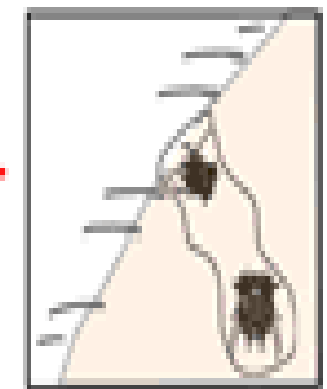
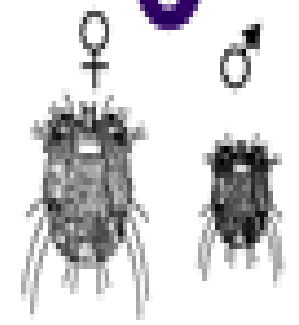
3

Eggs hatch releasing larvae.

4

Larvae molt into nymphs. Larvae and nymphs are found in short burrows called molting pouches.

5



Mating occurs after the male penetrates the molting pouch of the adult female.

Impregnated females extend their molting pouches into burrows, laying eggs.

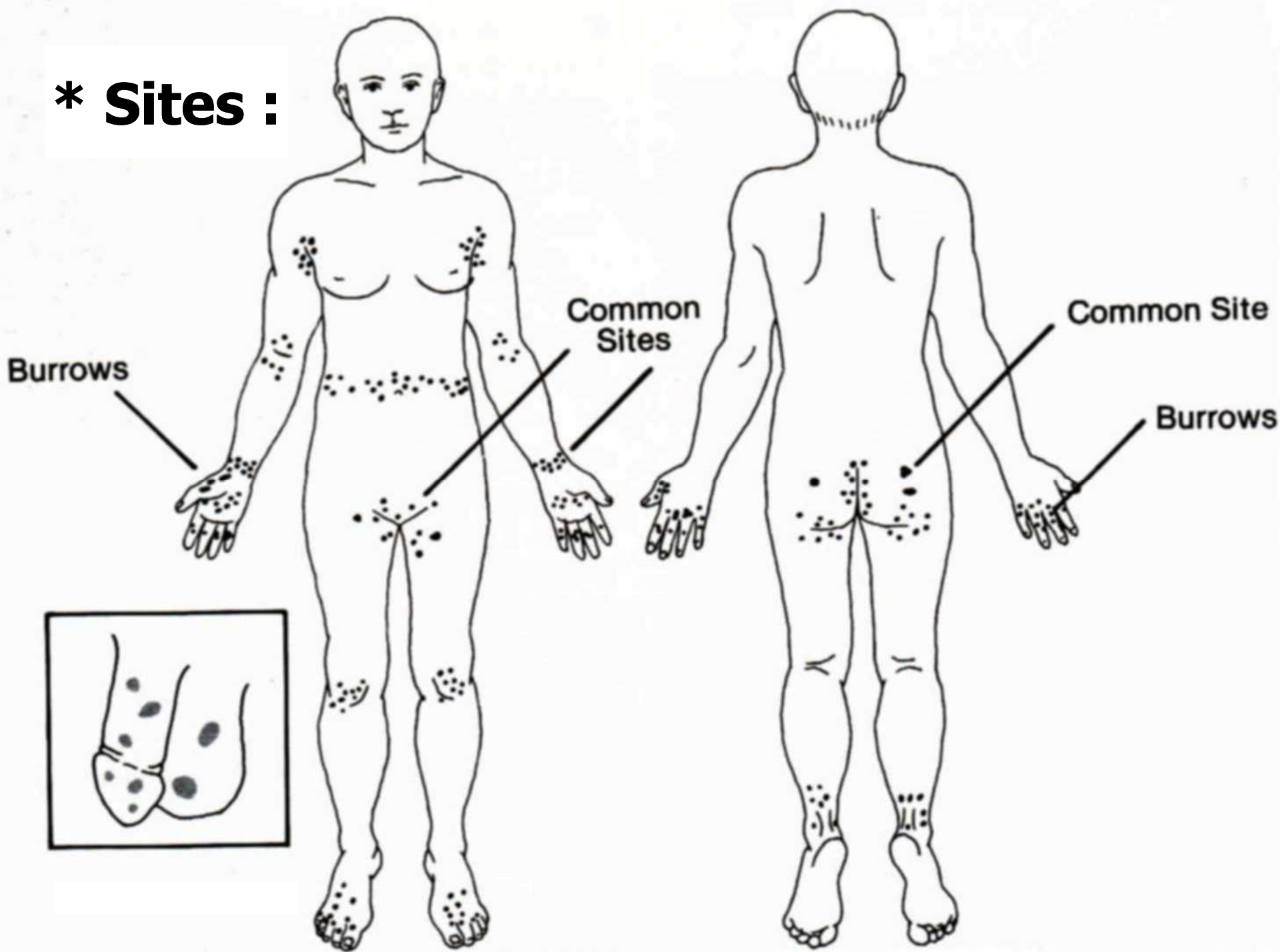
*** Mode of infection:**

- Close contact with the patient
- Indirect, by using clothes or bed of the patient
- Contact with infected animals

* **Clinical picture:**

- Severe itching, especially at night
- Skin-colored or grey curved ridges (*burrows*) are characteristic
- Papules, vesicles, pustules & scratch marks

* Sites :









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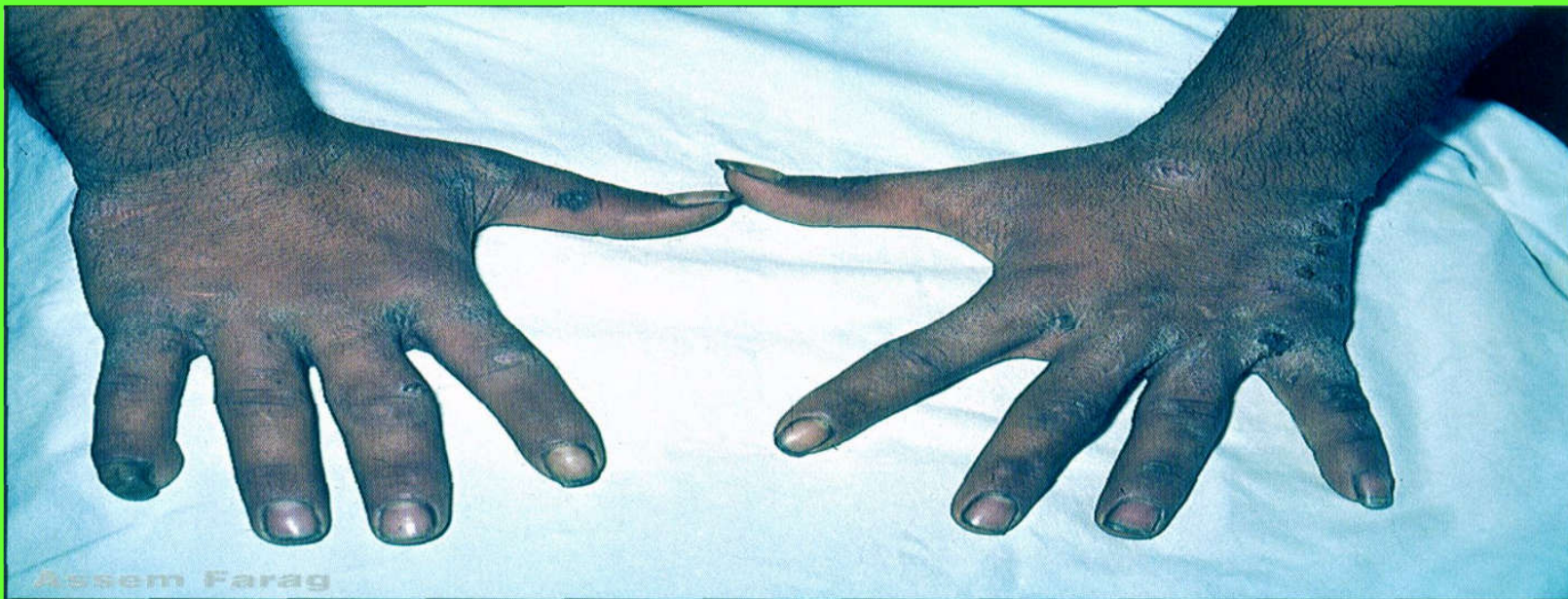


Fig. 14.





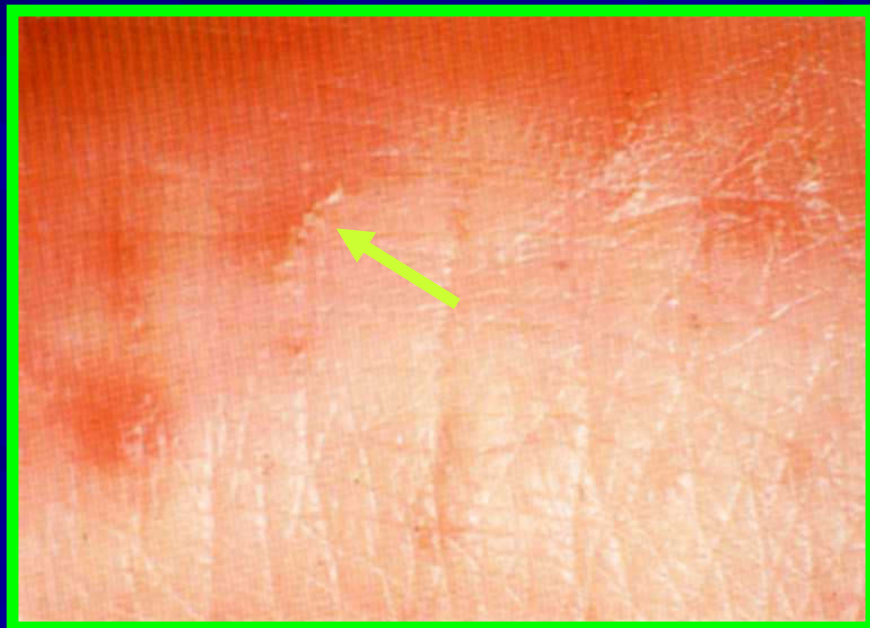


Assem Farag



Assem Farag







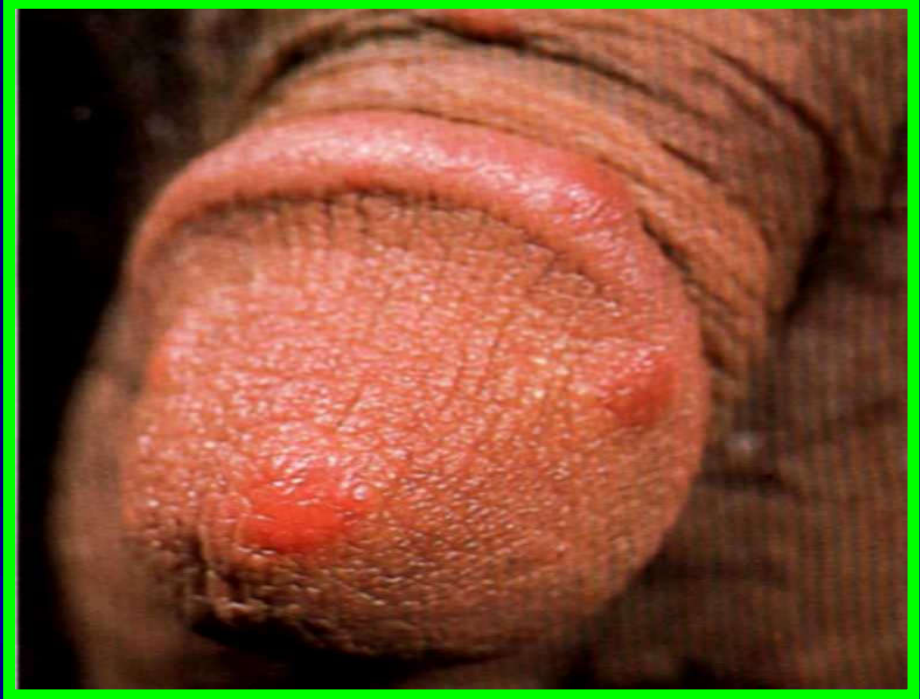
Clinical Varieties of Scabies

- Scabies in infants
- Scabies in the clean
- Scabies incognito
- Nodular scabies
- Animal scabies
- Norwegian scabies



8





Nodular scabies

Norwegian scabies





Norwegian scabies



*** Complications of Scabies:**

- Secondary bacterial infection
- Eczematous changes
- Acarophobia

***causes of post-scabietic pruritis**

- 1) Irritation of skin by topical preparations
- 2) Post-scabietic nodules/pruritis
- 3) Acarophobia

*** Diagnosis:**

- Itching mainly at night
- Presence of burrows
- Distribution of the lesions
- Contact cases within the family
- Demonstration of parasite under microscope

*** Differential diagnosis:**

1. Papular urticaria
2. Prurigo
3. Eczema

*** Treatment:**

■ **Prophylactic measures:** e.g early diagnosis, treatment, disinfection, treatment of other family members & treatment of infected animals

■ **Topical treatment:**

1. Benzyl Benzoate 25%
2. Gamma benzene hexachloride 1%
3. Crotamiton 10%
4. Permethrin 2.5 – 5%

■ Systemic treatment:

- 1) Ivermectin
- 2) Antihistamines for itching
- 3) Antibiotics for 2ry bacterial infection

■ Intralesional steroid injection for post-scabetic nodules