

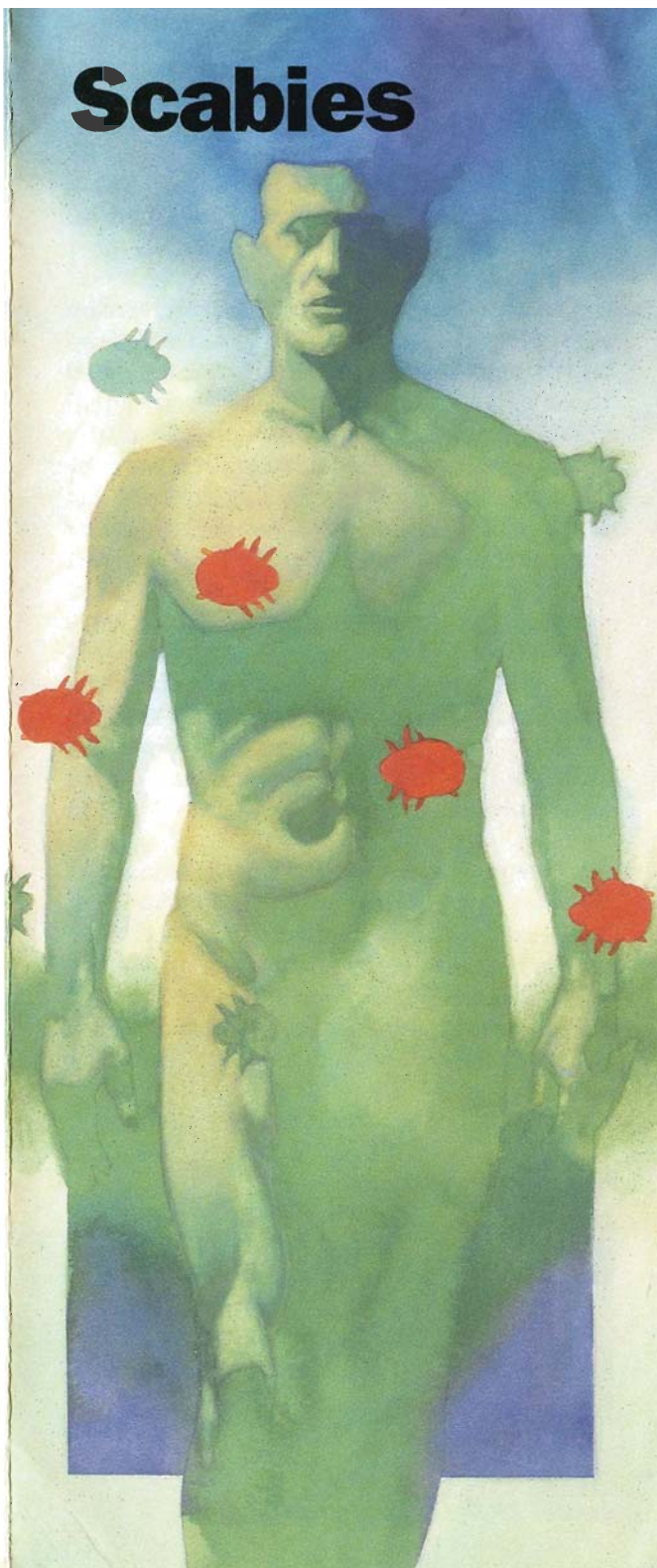
Scabies

What You Can Do About Scabies

- See a dermatologist as soon as possible to begin treatment. Remember, although you may be disturbed at the thought of parasites, scabies is no reflection on your personal cleanliness.
- Wash clothing, bed linens and towels in hot water, and machine dry after treatment.
- Vacuum the entire house and discard the bag, just to be on the safe side.

What Not To Do

- Don't attempt to treat scabies with home remedies. Scrubbing with laundry detergent or hard soaps, or applying kerosene will only make the condition much worse.
- Don't use steroids or any other creams unless prescribed by a dermatologist.



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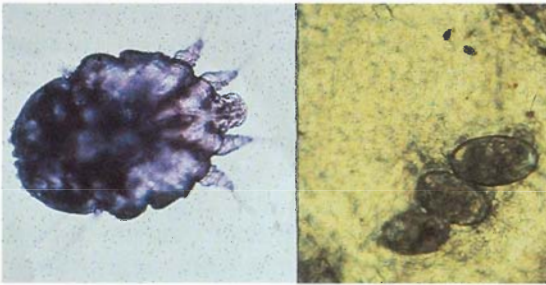
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A tiny mite has infested humans for at least 2,500 years. It is often hard to detect and causes a fierce, itchy skin condition known as scabies. Dermatologists estimate that more than 300 million cases of scabies occur worldwide every year. The disease can strike anyone of any race or age, regardless of personal hygiene. But there's good news: with better detection methods and treatments, scabies need not cause more than temporary distress provided you seek treatment quickly.

More Than An Itch: How Scabies Develops

The microscopic mite that causes scabies can barely be seen by the human eye. A tiny, eight-legged creature with a round body, the mite burrows within the skin, causing an allergic reaction. This results in severe itching, often intense enough to keep sufferers awake all night.



Scabies skin mite is about 0.4mm, just visible to the human eye.

Human scabies is almost always caught from another person, anyone who has come into close contact . . . it could be a child, a friend, or another family member. Dermatologists, who treat patients with scabies almost every day, point out that scabies is not a condition of low-income families, neglected children or poor hygiene—no one is immune.

Attracted to warmth and odor, the female mite is drawn to a new host, making a burrow, laying eggs and producing secretions that cause an allergic reaction. Larvae hatch from the eggs and travel to the skin surface, lying in shallow pockets where they will develop into adult mites. It may be up to a month before a newly-infested person will notice the itching.

What to Look For

The earliest and most common symptom of scabies is itching, particularly at night. An early scabies rash will show up as little red bumps, like hives, tiny bites or pimples. In more advanced cases, the skin may be crusty or scaly.

Scabies will usually begin in the folds and crevices of the body—particularly between the fingers, on the elbows or wrists, buttocks or belt line, around the nipples for women and on the penis for men. Mites also tend to hide in, or on, the skin under rings, bracelets or watch bands or under the nails. In children, there is usually a more generalized itching. Infestation may involve the entire body, including the palms, soles, and scalp. The child may be tired and irritable as a result of loss of sleep from itching or scratching all night long.

Bacterial infection along with scabies may occur. In many cases, children are treated because of infected skin lesions rather than for the scabies itself. Although treatment of bacterial infections sometimes provides relief, recurrence is almost certain if the scabies infection is not treated.

Crusted or “Norwegian” Scabies

Crusted scabies is a form of the disease in which the symptoms are far more severe

than usual. Large areas of the body, hands and feet may be scaly and crusted. These crusts hide thousands of live mites and their eggs, making treatment difficult because medications applied directly to the skin may not be able to penetrate the thickened skin. This type of scabies occurs mostly among the elderly and in AIDS patients.

These cases are extremely infectious.

Diagnosis

A thorough head-to-toe examination in good lighting, with careful attention to skin crevices, will usually be recommended and performed at your dermatologist's office.

Many cases of scabies can be diagnosed by dermatologists through examination alone. If a dermatologist has any doubts, he or she can do a simple, painless test to diagnose scabies.

The test involves applying a drop of sterile mineral oil to the suspected lesion. The site is then scraped with a scalpel over tightly stretched skin. The scrapings are transferred to a microscope for examination. A diagnosis is made by finding scabies mites or their eggs.



Scabies masquerading as contact

Who Is Most At Risk?

The scabies mite can infect the rich and poor, old and young. Scabies is most common in those who have close physical contact with others, particularly children, mothers of infants and elderly people in nursing homes.

All in the Family: Studies of families have shown that children under two years of age are most at risk, followed by mothers and older female siblings and then by other family members who have frequent, close physical contact. Soldiers and male prisoners, however, are extremely susceptible due to their living conditions.

Among the Elderly: Scabies among resident patients of nursing homes and extended care facilities has become a common problem.

The elderly may be more likely to become infected with scabies for several reasons, including:

- lowered, or weakened, immunological defenses;
- frequent, close physical contact through the daily care routines—dressing, bathing, etc.—provided by institutional staff;
- delayed diagnosis of the disease because scabies can often be mistaken for other skin conditions such as dry skin, eczema, contact dermatitis, impetigo or a drug reaction or other conditions common in elderly patients.

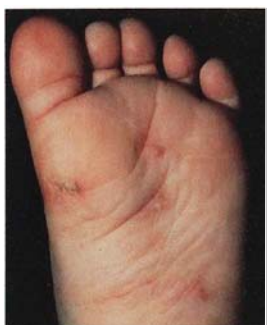
Getting Rid of Scabies

Scabies is easy and quick to treat with a prescription drug, 5 percent *permethrin*

cream. This cream is applied to the skin from head-to-toe at bedtime and washed off the next morning.

Dermatologists recommend that the cream be applied to cool, dry skin, over the entire body (including the palms of the hands, and soles of the feet, and the scalp in small children) and left on for 8 to 14 hours. A second treatment one week later may be recommended for infants with scabies of the palms and soles, or if new lesions appear after treatment. The only reported side effect of 5 percent *permethrin* cream is a mild, temporary burning and stinging, particularly in bad cases of scabies. All lesions should be healed within four weeks after the treatment. If a patient continues to have trouble he or she may be getting reinfected and requires further treatment by a dermatologist.

Another effective prescription treatment is *lindane* 1 percent lotion. Also an overnight treatment, *lindane* is effective after 1 to 2 doses. Patients using *lindane* are instructed to wash it off after 8 to 12 hours, not to exceed recommended doses, and to avoid a second treatment within a 7-day period.



Scabies on sole of child's foot



Umbilical and waistline lesions

Lindane should not be used on infants, small children, pregnant or nursing women, or people with seizures or other neurological diseases.

Sulfur ointment and *Crotamiton* 10 percent cream are other special care treatment options.

(Note: Antihistamines may be prescribed to relieve itching, which can last up to 2 weeks.)

The critical factor in the treatment of scabies is getting rid of the mite. Each individual in the group, whether itching or not, should be treated. The entire community at risk must be treated to stop an epidemic of scabies.

In a family, all members should be treated at the same time, as well as others who are in close contact, such as close friends, and sometimes day care or school classmates. Scabies in institutions can be kept to manageable levels by routinely examining patients and conducting thorough skin exams of all new residents. The most successful, cost-effective approach is to treat all patients and health care personnel at the same time.