

Scabies

Scabies is caused by a certain type of mite living on the skin. It causes a very itchy rash. The rash looks like little red bumps, most commonly between the fingers and toes, on the wrists and ankles, under the arms, and around the waist. In infants, the rash may be located elsewhere and may look a little different. Medication can eliminate the scabies mites, but the rash may take a while to clear up completely.

What is scabies?

Scabies is a skin reaction caused by the scabies mite (scientific name *Sarcoptes scabiei*), a tiny bug that lives only on humans. Mites usually spread from person to person, but generally only after close contact. Much less often, they can spread from clothing and other personal items. The mites dig into the skin, where they lay their eggs. The rash is caused by the burrowing into the skin and by the body's reaction to the mites and some substances they produce.

There is a form of scabies that comes from animals. However, because these mites don't live on people, the rash goes away fairly quickly on its own. The animal often has hair loss ("mange").

What does it look like?

- The first sign of scabies is usually itching over most of the body. The itching can be severe and is worse at night.
- A red, bumpy rash appears. If the area is not scratched, a little tunnel or burrow may be seen where the mite dug into the skin.
- The rash can also look like pustules (pimples with "whiteheads") and blisters, especially in infants. If the rash is present for a while, areas of skin can become thick and scaly, looking like eczema.
- Streaks of scratch marks may be seen.
- In infants, the rash may appear on the palms and soles, or on the face and scalp. Sometimes, especially in infants, firm red-brown spots that feel like a lump under the skin (nodules) may develop.
- If infection with bacteria occurs, crusted, oozy areas may appear or sores may become red and tender.

What are some possible complications of scabies?

The main complication is bacterial infection of the skin, including impetigo or boils (abscesses).

What increases your child's risk of scabies?

The scabies mite generally spreads from person to person, which requires close contact. Scabies can spread fairly easily in day care or in families, especially among young children.

Can scabies be prevented?

Most of the time, there is no practical way to avoid scabies. Children should not have close contact with an infected child or family member, until about 24 hours after treatment. Children should avoid using other people's personal items (such as clothing).

How is scabies diagnosed?

Often, the doctor recognizes scabies from the typical appearance of the rash. However, scabies can be confused with other diseases, such as eczema or insect bites, or sometimes even chickenpox, if blisters are present.

If unsure, the doctor may collect a sample of the sores by scraping and then looking under the microscope for mites and eggs. In some cases, we may recommend a visit to a dermatologist (specialist in skin diseases) to make the diagnosis.

How is scabies treated?

Treatment is usually recommended for the entire family and other close contacts of the person with scabies.

- *Medications*
 - Five percent permethrin (Elimite) is a topical (placed on the skin) medication that is very effective. It is usually the treatment of choice, except for very young infants. This drug is applied from the neck down, left on the body for 8 to 12 hours, and then washed off. In infants, the scalp and face may be included. The doctor may recommend repeating the treatment after 1 week.
 - Lindane (Kwell) is another topical medication. It is usually not the first choice for treatment because of possible toxic effects on the nervous system, especially if overused.
 - Sulfa ointment is often used for infants younger than 2 months old or when other medications are avoided because of possible toxic effects.
 - Oral ivermectin (Stromectol) is occasionally used for patients with severe scabies.

- *Treatments to control itching*—The doctor may recommend a steroid cream to help with itching. Oral antihistamines and moisturizing creams may also be helpful.
- *After treatment*—By about 24 hours after treatment, your child will no longer be able to spread the scabies mite to others. He or she can return to school or day care at this time. Itching may continue for a few days, but it may take up to several weeks for the rash to clear up completely.
- *Other treatment issues*
 - Family members and other people your child has come into close contact with should be treated as well (for example, day-care providers). It may take up to 4

weeks after the initial infestation before symptoms of scabies develop.

- Wash all clothing, sheets, and blankets in hot water and then dry at a high temperature. Items that can't be washed should be dry-cleaned or placed in a sealed plastic bag for about 1 week.



When should I call your office?

After treatment for scabies, call our office if itching and rash are still present after 2 weeks or if they come back. It's possible the mites have not been eliminated or that they have returned.