

# Scabies

Dr Paul Tervit 2026

## Overview

Scabies is a contagious ectoparasitic infestation caused by *Sarcoptes scabiei var. hominis*. It presents with intense pruritus (worse at night) and a characteristic papular or burrow rash, commonly affecting interdigital spaces, wrists, axillae, waistline, and genitals. Transmission occurs via prolonged skin-to-skin contact; outbreaks are common in crowded settings. Pathophysiology involves a delayed type IV hypersensitivity reaction to mite proteins, eggs, and feces.

## Key Investigations & Diagnosis

- **Clinical diagnosis** is primary (itch + distribution + contacts)
- **Dermoscopy**: “delta wing jet” sign (mite in burrow)
- **Skin scraping** (mineral oil prep): mites, eggs, or fecal pellets
- Consider **crusted scabies** in immunocompromised (hyperkeratotic, high mite burden)

## Treatment

Category	Therapy	Regimen (SI units)	Notes / Contraindications
<b>Physical</b>	Environmental decontamination	Wash bedding/clothing ≥50 °C; seal items ≥72 h	Treat all close contacts simultaneously
<b>Medical (first-line)</b>	Permethrin 5% cream	Apply head-to-toe (incl. under nails), leave 8–14 h, repeat after 7 days	Safe in pregnancy and children ≥2 months
	Oral Ivermectin	200 µg/kg PO, repeat day 7–14	Avoid in pregnancy, children <15 kg
<b>Medical (alternatives)</b>	Benzyl benzoate 10–25%	Apply daily for 2–3 days	Irritating; dilute for children
	Sulfur ointment 5–10%	Apply nightly for 3 nights	Safe in pregnancy/infants; messy
	Crotamiton 10%	Apply daily × 2–5 days	Less effective
<b>Adjuncts</b>	Antihistamines, topical steroids	Symptom control	Post-scabetic itch may persist
<b>Surgical</b>	N/A	—	Not indicated

## Crusted scabies (severe):

- Combination: **oral ivermectin (multiple doses: days 1, 2, 8, ±15, 22) + topical permethrin daily for 7 days then twice weekly**

## Diagnostic & Treatment Pearls

- Itch may persist **2–4 weeks post-treatment** (not necessarily failure)
- Always **treat close contacts simultaneously**, even if asymptomatic
- Include **scalp/face** in infants and elderly
- Treatment failure is usually due to **poor application or reinfestation**

## Stepwise Management Algorithm

1. **Suspect clinically** (nocturnal itch + typical distribution + contacts)
2. **Confirm if needed** (dermatoscopy or scraping)
3. **Initiate permethrin 5%** (repeat in 7 days)
4. **Treat all contacts + decontaminate environment**
5. If failure or outbreak → **add/shift to oral ivermectin**
6. If hyperkeratotic/severe → **treat as crusted scabies regimen**
7. Manage residual itch with **topical steroids/antihistamines**

## Complications & Management

- **Secondary bacterial infection** (e.g., impetigo): treat with appropriate antibiotics
- **Post-scabetic pruritus/eczema**: topical corticosteroids, emollients
- **Crusted scabies**: high transmissibility → aggressive combination therapy + isolation precautions