

Introduction

Scabies is a common skin condition caused by the mite *Sarcoptes scabiei*, which can be transmitted during sexual contact. Transmission of the mite may occur by touching an infected person but most commonly requires prolonged skin contact i.e. sharing a bed or sexual contacts.

Diagnosis

- The diagnosis of scabies is clinical
- The usual presentation includes pruritic papules or eczematous lesions on sides of fingers, interdigital webs, hands, wrists, buttocks, breasts and arms
- Nodular lesions may occur on the genitals, particularly in men
- The classic burrow is difficult to see without a magnifying glass

Tests

- Adults with scabies should be offered a full sexual health screen
- Specific tests for scabies are not necessary for diagnosis and may not show a positive result, but if required this can be done by:
 - Skin scraping or skin biopsy
 - Staining of burrows with India ink

Management

1. Permethrin 5% cream 30g

- Applied from the neck down and left on for at least 8 hours
Note: Permethrin is safe in pregnancy and lactating women
- Consider symptomatic treatment of pruritis with antihistamines and topical steroids
- Advise patient that pruritis may continue for a period of weeks following treatment as this is due to an allergic response to the mite. This does not indicate treatment failure and may be managed with topical steroids

2. Malathion 0.5% lotion

- Applied from the neck down and left for 24 hours before washing off. The process can be repeated 7-10 days later to ensure cure

Scabies

Management of nodules:

- These generally resolve over a period of weeks without additional treatment
- If pruritis is severe, topical steroids, or occasionally intralesional steroid may be necessary

General advice:

- Bedding and clothing currently being worn should be machine washed within 12 hours of treatment, using hot cycle, or removed from body contact for 72 hours
- Fumigation of the living area is not necessary

Follow-up

- Routine follow-up not necessary
- Retreatment after 1 week is usually not necessary but may be indicated if treatment failure is suspected

Contact tracing

- Current sexual contacts and household contacts should be offered sexual health screen and should be empirically treated for scabies

Scabies