



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

CRUSTED SCABIES - AN EXUBERANT CASE WITH UNFAVORABLE EVOLUTION

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Background: Human scabies is cutaneous infestation by the mite Sarcoptes scabiei var. homini, highly contagious and universal character, affecting both genders, all social classes and different races throughout the world. The homini variety is exclusively dependent on the human skin, where it makes tunnels for deposition of eggs in the horny layer. The Norwegian or crusted scabies (SC) is a rare and severe form of infestation observed, mainly, in immunocompromised patients. The lesions are crusty, thick, grayish, scaly and extend beyond the Hebra's Circle, affecting scalp, palms, plantar and subungual regions.

Observation: Case report: 64 years-old, male, native and resident of northeastern Brazil, complaining of intense pruritus in the body for a year with worsening in the last month, in addition to fever and general malaise a week ago. In examination, the patient was in a regular condition, eupneic, malnourished, dehydrated, feverish, erythrodermic with keratotic verrucous plaques, thick and diffuse crusts all over the body, including the face, hands, feet and hands. Based on SC hypothesis, material was collected for direct examination through scarification of the lesion and analysis under microscopy, confirming the diagnosis. Ivermectin, Ceftriaxone and Oxacillin were started, as well as symptomatic drugs. Serologies for HIV 1 and 2, hepatitis B and C and syphilis were requested, which had positive results for hepatitis C and syphilis. Unexpectedly, the patient escaped from the institution. Five days later, the patient returned with tachypnea, hypotension, confused, the protocol for sepsis was opened, the patient had respiratory insufficiency and required orotracheal intubation.

Key message: It is important to report how late diagnosis and treatment of SC can lead to severe conditions and worse prognosis such as this, in which the patient already presented malnutrition, dehydration, secondary infection, requiring transfer to the Intensive Care Unit sector.

