



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

CRUSTED SCABIES IN 75-YEAR-OLD MALE PATIENT WITH INVOLUNTARY WEIGHT LOSS

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Background: A 75-year-old epileptic, schizophrenic male patient presented to the dermatology department with a 2-month history of pruritic lesions disseminated to anterior and posterior thorax, abdomen and proximally in all four extremities. He had been having pruritic on-and-off episodes for the past two years, that never resolved completely. He also complained of having involuntary weight loss, but because of his comorbidities he wasn't able to give a proper interview. Upon examination, he had hyperkeratotic desquamative erythematous plaques predominantly on his abdomen and pelvis that extended towards his back. He had similar findings on his interdigital webs. Excoriations were also present. A complete lab work was done with only mild anemia as the only positive finding. Fungal cultures came back negative. A skin biopsy revealed hyperkeratosis, parakeratosis and presence of multiple mites in the stratum corneum. A skin scraping also revealed multiple mites. Treatment was given with crotamiton cream for a week and 3 weekly doses of ivermectin with excellent response. All household and close contacts were also treated simultaneously.

Observation: Patients with scabies, and particularly crusted scabies are notoriously contagious and are able to transmit it via inanimate objects. Even though pruritus is not a common finding in these kind of patients, it was our patient's primary concern. Remarkably, none of his household contacts complained of itching nor had only visible skin lesion.

Key Message: Patients with crusted scabies usually have a defective immunologic or sensory response and can harbor millions of mites on their skin surface. Even though our patient didn't have a known immunologic defect, he is currently being studied for occult neoplasms and immune deficiencies.

