



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

DIAGNOSIS DIFFICULTIES IN CRUSTED SCABIES: CASE REPORT

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Introduction and objectives: Norwegian scabies is a severe, highly prevalent form of infection caused by *Sarcoptes scabiei hominis* that usually occurs in immunosuppressed patients. Skin-to-skin contact is the main pathway for transmitting the mites. This article reports on scabies infection among healthcare workers in the oncology department from an acute care hospital in Romania, which was related to one oncological patient.

Materials and Methods: We report the case of a 72 years old woman radio-chemotreated for uterine cervical cancer and hospitalized for the evaluation of the skin lesions. It is important to mention that one month before the actual presentation the patient was misdiagnosed as eczema and treated with dermocorticoids and intravenous Betamethasonum, but the treatment failed to achieve efficacy. The skin lesions consisted of hyperkeratotic plaques and yellowish crusts on an erythematous base that became more extensive to the abdomen, thoracic area, limbs and buttocks and were slightly itching. A microscopic examination of the lesions was not performed. Until the diagnosis came to light two nurses got scabies.

Results: The histopathological exam revealed the presence of mites in the stratum corneum, hyperkeratosis, acanthosis and dermal inflammatory infiltrate consisting of mononuclear cells and eosinophils. The patient was isolated and treated with topical Parmethrin 5% and oral Ivermectin, the same therapy was applied to the contaminated nurses.

Conclusions: Although the first clinical appearance of crusted scabies can be unusual, this case points out the importance of prevention when consulting and evaluating a patient. Disposable gloves need to be used for patients with unclear dermatological diagnosis because scabies mites are resistant to water, soap and alcoholic solution.

