



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

NAIL INFESTATION: AN ATYPICAL PRESENTATION OF TYPICAL SCABIES

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Background: We describe a case of a 55-year-old man with a two-year history of leukocytosis. Nine months ago, he was diagnosed with non-Hodgkin's lymphoma and underwent combination chemotherapy. Unfortunately, no response of remission was achieved after the treatments. In April 2017, he was admitted for a fourth round of chemotherapy. He complained that his nails, both fingers and toes, had become thick and dystrophic for two months, without pruritus or pain. Consequently, the dermatology service was consulted. The physical examination revealed eight thickened, yellowish, and dystrophic nails, with the surrounding area appearing red and puffy. No associated primary skin lesions were noted. Onychomycosis was suspected, and a microscopic examination of the scraping scales was performed on nails. Surprisingly, the potassium hydroxide preparation unveiled several scabies mites between the nail scales. Notably, the fungal examination results were negative.

Observation: Therefore, he was diagnosed with scabies and treated with a continuous occlusive dressing of crotamiton cream. The nails dramatically improved in three weeks. No sign of recurrence was observed after six months.

Key message: Scabies has been known for over 2,500 years. It is a kind of common parasitic infection, which is caused by the mite *Sarcoptes scabiei* variety *hominis*. Its worldwide prevalence is approximately 300 million cases per year. Nail involvement has been previously described in crusted scabies; however, the isolated nail involvement without dermatological manifestations has not previously been reported. Nail scabies can mimic other diseases, such as onychomycosis, nail psoriasis, and nail dystrophy, especially in an aging population or in immunocompromised patients, since it may present as an atypical manifestation in the immunocompromised host. Whether there are characteristic dermatologic manifestations or not, microscopic examinations using skin and nail scrapings should be obtained to confirm the diagnosis.

