



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

SUB-UNGUAL SCABIES

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Background: Here we present a patient with scabies who had fail to regular treatments with Permethrin 5% and deteriorated to a widespread infection – Crusted (Norwegian) Scabies, due to continuous locus of Scabies under and within the patient's fingernails.

Since Scabies diagnosis is becoming more relevant with the increasing use of immunosuppressive medications and the HIV epidemic, it is important to recognize Sub-Ungual Scabies and prevent its complications, especially in high risk or debilitated patients in whom secondary bacterial infection can give rise to life threatening complications.

Observation: A 79-year-old woman who suffers from myelodysplastic syndrome, thrombocytopenia and congestive heart failure treated among others with low dose Prednisone, the patient was hospitalized several times in Internal medicine departments during the past six months due to exacerbation of heart failure, during each hospitalization she was diagnosed with Scabies. Although we report she completed a full therapy for scabies the patient had recurrence with accentuation of the clinical picture.

The patient was admitted to our department with widespread crusted scabies, apart from that we noticed very thick and dystrophic hand nails.

A scraping revealed Scabies mites both in the skin and in the nails. A nail biopsy revealed Scabies mites embedded deeply in the thick nail keratin.

The patient was treated again for scabies this time nails were removed by topical Salicylic Acid 30%, after 2 weeks hospitalization in which topical anti Scabies treatment re-applied the patient was discharged.

Key message: We may assume that the recurrence after several cycles of therapy prior to hospitalization had been promoted by a continuous locus of Scabies under and within the patient's finger nails.

