



PAEDIATRIC DERMATOLOGY

A CASE OF SCABIES IN A PATIENT WITH IMMUNE DEFICIENCY

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A 12 years old female came to the outpatient clinic from a small town for skin xerosis and intense pruritus especially in the evening. At the clinical examination of the skin, we also noticed many pronounced post-varicella scars, diffuse scratching marks, low represented adipose tissue on thorax and abdomen, digital hippocratism with nail clubbing in fingers and yellow crusts in the outer ear (impetigo aspect). The child had an ill-looking aspect overall, with rare cough, but no fever.

From previous history, the mother says that she has often upper respiratory tract infections and pneumonia, for which she has been often admitted into hospital, loose stools with abdominal symptoms and dehydration, yellow crusts around mouth, nose and ears, and had 2 episodes of scabies.

We suspected the diagnosis of scabies, which was confirmed through dermoscopy. We also suspected an immune deficiency disease and we first performed an HIV test, which proved to be negative. Therefore, we sent the child to an university pediatric ward for further tests and investigations, and the conclusion was: immune deficit of the T-CD4+ lymphocytes with mixed character (quantitative and functional), severe central humoral deficit with mixed character, nonspecific immune deficit of the NK cells with quantitative character, moderate phagocytic functional immune deficit.

During admission, we treated the dermatologic pathology of the child with benzyl benzoate 25% cream for three days in a row and one more application after 7 days for scabies, fusidic acid 20% cream 2 times a day for 7 days for impetigo, and 30% urea body milk for skin xerosis.

Mixed immune deficiency syndromes are rare genetic diseases and, according to the genetic mutations involved, can have different levels of severity. They can be signaled through recurrent digestive and respiratory tract infections, opportunistic germs infections, chronic diarrhea with growth failure, chronic lymphopenia.

