Scabies

Typical burrows often rare or absent in infants or in warm climates

Scabies lesions on the foot of an infant
Scabies

In infants a nodular reaction is seen in intertrigenous areas, but may be generalised.

Body distribution of scabies in elderly and AIDS patients are similar to that seen in infants.
Systemic Manifestations

- Tired & irritable
- Fever & lymphadenopathy if secondary infection present
- Acute glomerulonephritis if infected with Group A Streptococcus

Scabies lesions on the hand of an infant - erythema, nodules & crusting
Scabies

Burrows ink test on an infant’s foot indicating a scabies mite burrow
Seldom find burrows in tropical climates
Scabies Complications

Secondary bacterial infection is common
Organisms causing the infection are commonly
Streptococcus pyogenes
Staphylococcus aureus

Pyodermatous sequelae of scabies
Scabies Complications

Chronic nodular scabies with pyoderma and crustling
Scabies Complications

Secondary infection may cause crusted purulent sores (ecthyma)
Scabies Therapy

Older children:
- Apply Lindane or Quellada lotion (Gamma Benzene hexachloride 1%) to the entire body below the neck. Application is left on for 8 hours and then washed off thoroughly.
- Infants and young children:
  - Apply sulphur 2,5% ointment 3 times daily for 3 days.
  - Tetmosol soap is used in institutions in addition to the definitive treatment.

Benzyl benzoate may alternatively be applied for 24 hours. It is cheaper but burns.

Permethrin with 70-80% of ovicidal activity has no reported adverse properties. Apply the cream rinse for 10 minutes and then rinse it off with water.
Cutaneous Larva Migrans *(Sandworm)*

- A creeping eruption caused by *Ancylostoma braziliense*
  - the dog and cat hookworm
Cutaneous Larva Migrans (Sandworm)

- The eggs of the hookworms are passed in the faeces of the dog or cat.
- They often defecate in sandboxes, parks or beaches.
- A larvae hatches that is capable of penetrating intact skin.
- Larval migration cause intense pruritis as well as linear, ery-thematous, raised, serpigenous tracts.
- Because of the mode of infection, cutaneous larva migrans occurs in feet.
- The larvae tunnels in the epidermis because it cannot penetrate the basal layer.
Cutaneous Larva Migrans

Rx

- Topical thiabendazole 10-15% ointment apply 2x/d for 10 days
- Oral Albendazole 400 mg daily x 3 days
- Antibiotics for secondary infection
Cutaneous Larva Migrans

Secondary infection is common.
Fungal Infections

- Major pathogens causing superficial fungal infections in children
  - Dermatophytes
    - Trichophyton
    - Microsporum
    - Epidermophyton
  - Yeasts
    - Candida
    - Malassezia
- The term “Tinea” is used to identify dermatophyte infections
- Tinea capitis (scalp ringworm) is the most common fungal infection in children
Tinea Capitis  The lesions consist of patchy or diffuse areas of scaling & hair loss

T. violaceum is the most common cause of ringworm in black children
Tinea corporis

Active raised scaly margins which spread outwards
Tinea Corporis

Treatment
Topical preparations
- Imidazoles
  - Treats tinea corporis
Oral preparations
- Griseofulvin
  - Specific for dermatophyte infections
  - Treats Tinea capitis

Tinea corporis involving the face
Pityriasis Versicolor

- Caused by malassezia yeast, children often have facial lesions
- Lesions on the face are usually hypopigmented, faintly scaling & ovoid
Pityriasis Versicolor

Rx - ketoconazole shampoo or fluconazole 400mg
Bibliography


Websites
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