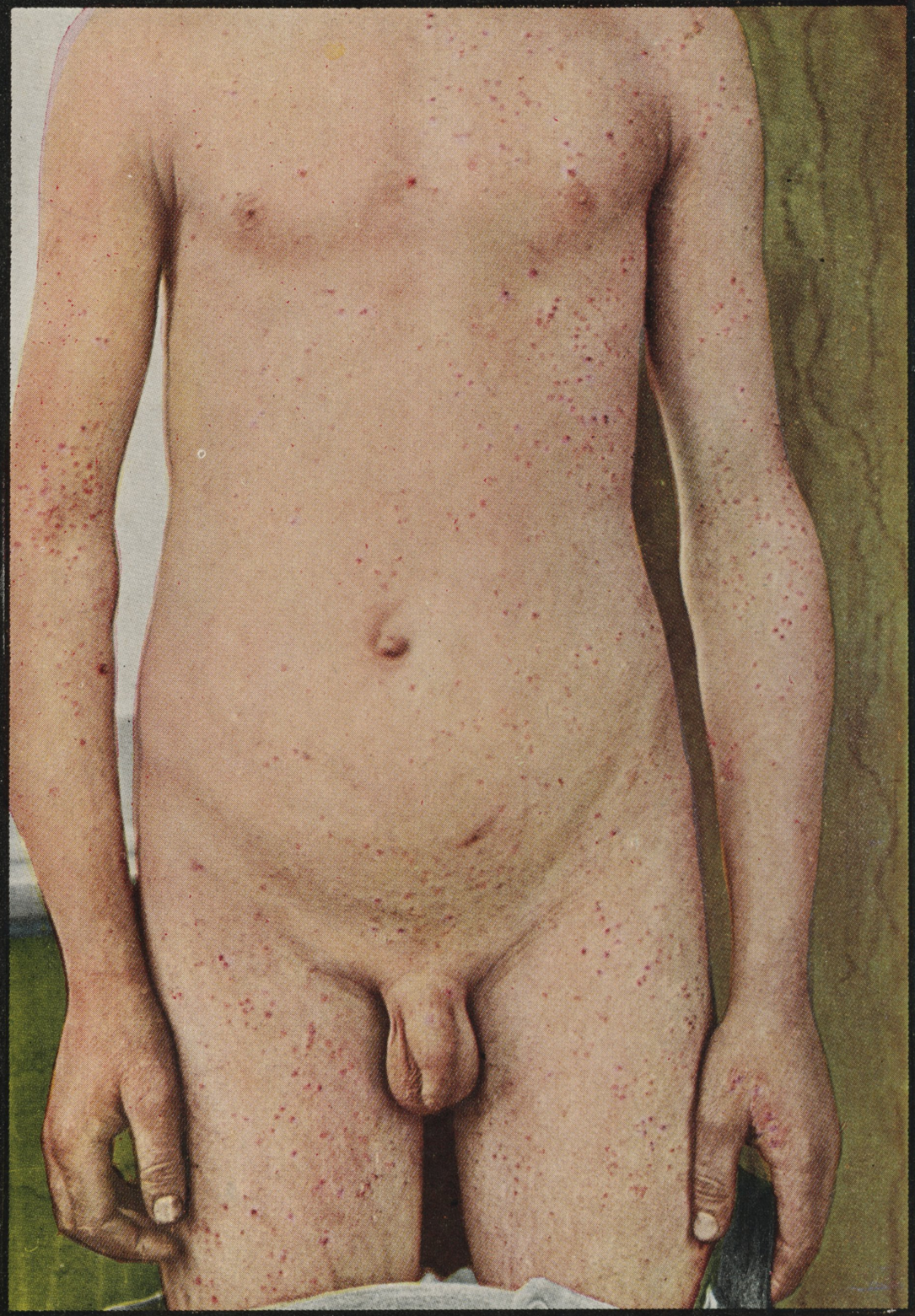

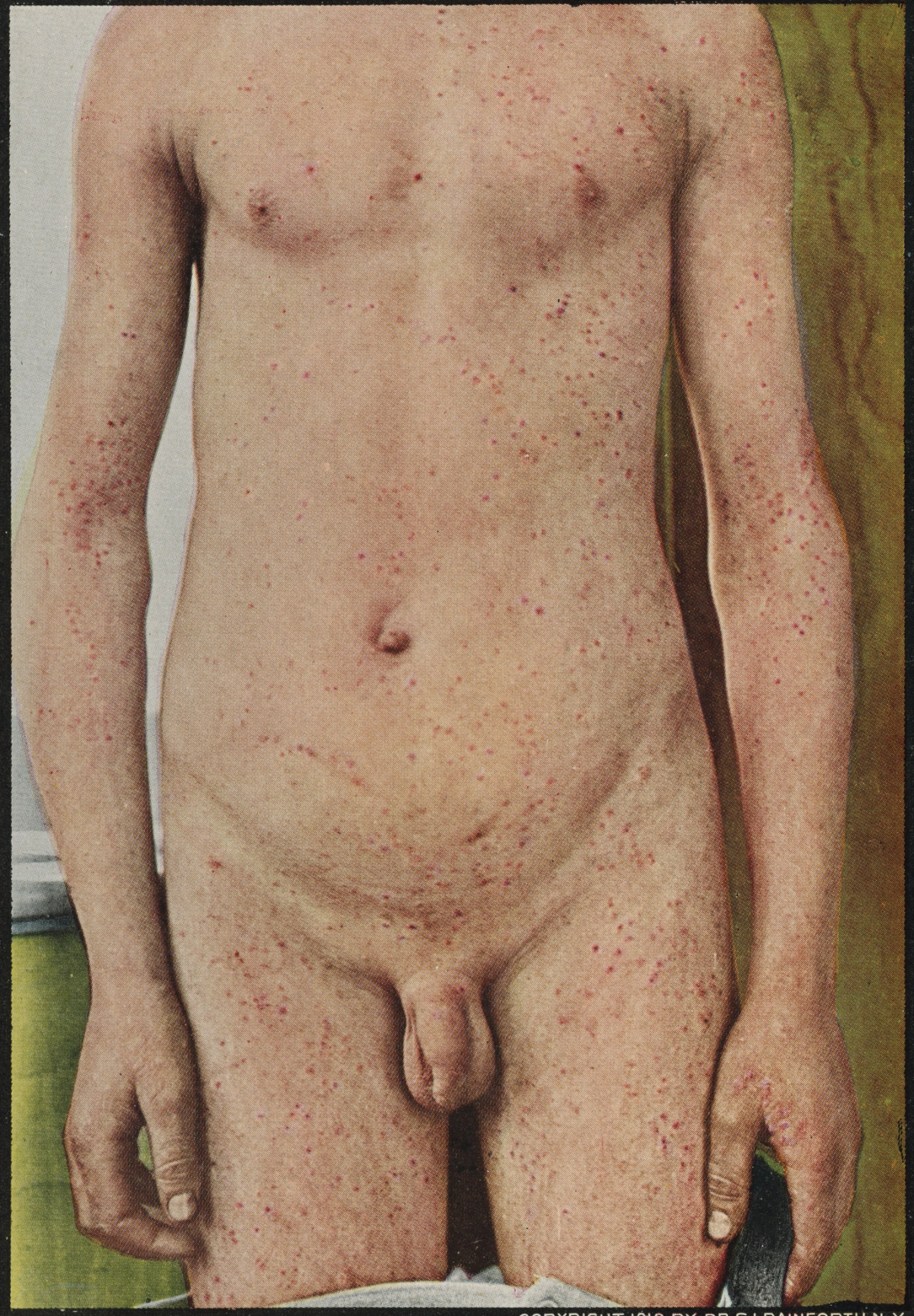

SCABIES

Synonym: Itch.

Scabies is a contagious, animal parasitic disease of the skin caused by the itch mite, Acarus scabiei, and characterized by intense itching, a few lesions produced directly by the parasite and many caused by scratching. The only lesion peculiar to the disease is the cuniculus or furrow made by the burrowing female. This is a tunnel in the epidermis 1-10 mm. long, appearing as a straight or curved, sometimes slightly elevated, white line usually dotted at intervals with black specks. It lengthens as the female bores ahead very slowly, depositing eggs and feces behind her. The burrows may be present in any of the regions commonly affected by the disease, but are seen most often on the hands in the interdigital folds. In the majority of cases, even when other lesions are numerous, typical burrows cannot be found. They are soon destroyed by scratching or converted through secondary pyogenic infection into papules, vesicles and pustules. Occasionally the remnant of a cuniculus may be recognized on the surface of a secondary lesion. The disease begins usually between the fingers, and soon involves the flexor surfaces of the wrists, the elbows, the anterior axillary folds and the abdomen about the umbilicus. In the female the areolae of the nipples, and in the male the penis and inner sides of the thighs are usually early and fairly constantly involved. In patients of sedentary occupation the buttocks are often the site of many lesions. Only in nursing infants, as a rule, are lesions ever found upon the face, or commonly upon the feet, especially on the soles. The rash is nearly always symmetrical. The disease requires several weeks to attain an extensive distribution. Scattered only or predominantly over one or more or all the regions mentioned are numerous discrete and usually widely separated punctate abrasions and excoriated papules, and often an occasional crust. In regions in which the lesions are very numerous patches of eczematous thickening of the skin may occur, with considerable exudation and crust formation. Vesicles and pustules are prone to form, particularly upon the hands. Impetiginous lesions are often interspersed. The itching is sometimes not marked during the day but is always severe at night when the patient grows warm beneath the bed clothes. **DIAGNOSIS:** A typical burrow is pathognomonic. Now and then the acarus, a barely visible gray speck about one-third mm. in length can be dug out of the blind end of the burrow and identified under the microscope. The gradual development, distribution, and polymorphism of the rash, the nocturnal pruritus and the frequent history of contagion, make an easily recognizable syndrome even in the absence of cuniculi. *Pediculosis corporis* does not attack the hands and its general destribution is different; long parallel scratch marks are usually present and the itching is worse during the day. *Prurigo* bears a superficial resemblance to scabies but the differences in development, distribution and duration of the two should make confusion impossible. **TREATMENT:** The patient should scrub himself thoroughly in a warm bath, dry the skin and apply sulphur ointment Afterwards the ointment is to be smeared upon the skin twice a day for three days, at the end of which the patient may again bathe and change his clothes. If fresh lesions develop a second course of treatment is to be taken, but the irritation sometimes caused by the sulphur is not to be mistaken for scabies. When in doubt stop the sulphur and use a bland lotion or ointment for a few days. For infants the unguentum sulphuris should be diluted with an equal quantity of petrolatum.