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PREVALENCE OF SCABIES AMONG PATIENTS PRESENTING IN OUTDOOR DEPARTMENT

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ABSTRACT:

Scabies (also known as the seven-year itch) is a contagious skin infestation by the mite *Sarcoptes scabiei*. The most common symptoms are severe itchiness and a pimple-like rash. This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender and history of disease were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. A total of 100 patients presenting in outdoor department were included in this study i.e., 60 males (60%) and 40 females (40%). The mean age of the patients was 31.25 ± 2.12 years. Out of these patients, only five patients were having symptoms of scabies and that further management and investigation were advised.

Keyword: Scabies



INTRODUCTION:

Scabies (also known as the seven-year itch) is a contagious skin infestation by the mite *Sarcoptes scabiei*. The most common symptoms are severe itchiness and a pimple-like rash. Occasionally, tiny burrows may appear on the skin. In a first-ever infection, the infected person will usually develop symptoms within two to six weeks. During a second infection, symptoms may begin within 24 hours. These symptoms can be present across most of the body or just certain areas such as the wrists, between fingers, or along the waistline. The head may be affected, but this is typically only in young children. The itch is often worse at night. Scratching may cause skin breakdown and an additional bacterial infection in the skin.

Scabies is caused by infection with the female mite *Sarcoptes scabiei* var. *hominis*, an ectoparasite. The mites burrow into the skin to live and deposit eggs. The symptoms of scabies are due to an allergic reaction to the mites. Often, only between 10 and 15 mites are involved in an infection. Scabies is most often spread during a relatively long period of direct skin contact with an infected person (at least 10 minutes) such as that which may occur during sex or living together. Spread of the disease may occur even if the person has not developed symptoms yet. Crowded living conditions, such as those found in child-care facilities, group homes, and prisons, increase the risk of spread. Areas with a lack of access to water also have higher rates of disease. Crusted scabies is a more severe form of the disease. It typically only occurs in those with a poor immune system and people may have millions of mites, making them much more contagious. In these cases, spread of infection may occur during brief contact or by contaminated objects. The mite is very small and usually not directly visible. Diagnosis is based on the signs and symptoms.

A number of medications are available to treat those infected, including permethrin, crotamiton, and lindane creams and ivermectin pills. Sexual contacts within the last month and people who live in the same house should also be treated at the same time. Bedding and clothing used in the last three days should be washed in hot water and dried in a hot dryer. As the mite does



not live for more than three days away from human skin, more washing is not needed. Symptoms may continue for two to four weeks following treatment. If after this time symptoms continue, retreatment may be needed (1-3).

MATERIAL AND METHODS:

This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender and history of disease were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:

A total of 100 patients presenting in outdoor department were included in this study i.e., 60 males (60%) and 40 females (40%). The mean age of the patients was 31.25 ± 2.12 years. Out of these patients, only five patients were having symptoms of scabies and that further management and investigation were advised.

DISCUSSION:

Scabies may be diagnosed clinically in geographical areas where it is common when diffuse itching presents along with either lesions in two typical spots or itchiness is present in another household member. The classical sign of scabies is the burrow made by a mite within the skin. To detect the burrow, the suspected area is rubbed with ink from a fountain pen or a topical tetracycline solution, which glows under a special light. The skin is then wiped with an alcohol pad. If the person is infected with scabies, the characteristic zigzag or S pattern of the burrow will appear across the skin; however, interpreting this test may be difficult, as the burrows are scarce and may be obscured by scratch marks. A definitive diagnosis is made by finding either the scabies mites or their eggs and fecal pellets. Searches for these signs



involve either scraping a suspected area, mounting the sample in potassium hydroxide and examining it under a microscope, or using dermoscopy to examine the skin directly. Symptoms of early scabies infestation mirror other skin diseases, including dermatitis, syphilis, erythema multiforme, various urticaria-related syndromes, allergic reactions, ringworm-related diseases, and other ectoparasites such as lice and fleas.

Mass-treatment programs that use topical permethrin or oral ivermectin have been effective in reducing the prevalence of scabies in a number of populations. No vaccine is available for scabies. The simultaneous treatment of all close contacts is recommended, even if they show no symptoms of infection (asymptomatic), to reduce rates of recurrence. Since mites can survive for only two to three days without a host, other objects in the environment pose little risk of transmission except in the case of crusted scabies. Therefore cleaning is of little importance. Rooms used by those with crusted scabies require thorough cleaning (4-6).

REFERENCES:

1. Andrews, RM; McCarthy, J; Carapetis, JR; Currie, BJ (Dec 2009). "Skin disorders, including pyoderma, scabies, and tinea infections". *Pediatric Clinics of North America*. 56(6): 1421–40. doi:10.1016/j.pcl.2009.09.002. PMID 19962029.
2. Hay, RJ; Steer, AC; Chosidow, O; Currie, BJ (Apr 2013). "Scabies: a suitable case for a global control initiative". *Current Opinion in Infectious Diseases*. 26 (2): 107–09. doi:10.1097/QCO.0b013e32835e085b. PMID 23302759. S2CID 26416151.
3. Engelman, D; Kiang, K; Chosidow, O; McCarthy, J; Fuller, C; Lammie, P; Hay, R; Steer, A; Members Of The International Alliance For The Control Of, Scabies (2013). "Toward the global control of human scabies: introducing the International Alliance for the Control of Scabies". *PLOS Neglected Tropical Diseases*. 7 (8): e2167. doi:10.1371/journal.pntd.0002167. PMC 3738445. PMID 23951369.



4. Green MS (1989). "Epidemiology of scabies". *Epidemiol Rev.* 11 (1): 126–50. doi:10.1093/oxfordjournals.epirev.a036033. PMID 2509232.
5. Hicks, MI; Elston, DM (Jul–Aug 2009). "Scabies". *Dermatologic Therapy.* 22 (4): 279–92. doi:10.1111/j.1529-8019.2009.01243.x. PMID 19580575.
6. "Scabies homepage". Stanford University. Archived from the original on 2010-05-13. Retrieved 2010-10-09.