

SCABIES

TO YOUR HEALTH - PATIENT EDUCATION HANDOUT

5.6

DESCRIPTION

A disease of the skin caused by a mite (the "itch" mite). Scabies is contagious from person to person (by shared clothing or bed linen) and from one site to another in the same person. They usually infect the skin of the finger and toe webs, and folds under the arms, breasts, elbows, genitals and buttocks.

FREQUENT SIGNS AND SYMPTOMS

Small, itchy blisters (often in a thin line) in several parts of the body. The blisters break easily when scratched. Broken blisters leave scratch marks and thickened skin, crisscrossed by grooves and scaling.

CAUSES

A mite that burrows into deep skin layers, where the female mite deposits eggs. Eggs mature into adult mites in 3 weeks. Mites are 0.1mm in diameter and can only be seen under a microscope. Scratching collects mites and eggs under the fingernails, so they spread to other parts of the body.

RISK INCREASES WITH

Crowded or unsanitary living conditions. Contact with an infested person.

PREVENTIVE MEASURES

- Avoid contact with persons or linen and clothing that you suspect may be infected with scabies.
- Maintain personal cleanliness:
- Bathe daily, or at least 2 to 3 times a week.
- Wash hands frequently.
- Launder clothing often.

EXPECTED OUTCOME

Rash often persists up to one or two weeks after treatment. Itching usually disappears several days after treatment, and evidence of the disease is gone in 1 to 2 weeks with treatment. In 20% of cases, re-treatment is necessary in 20 days. If skin irritation persists longer than this, oral antihistamines or topical steroids may be necessary to break the itch-scratch cycle.

POSSIBLE COMPLICATIONS

Secondary bacterial infection of mite-infested areas of inflammation.

GENERAL MEASURES

Diagnosis is confirmed by discovering the mite, lifting it from its burrow and identifying it under a microscope. Treatment is with topical medication. Carefully wash all clothes, bedding and toys used prior to or during treatment. You don't need to clean furniture or floors with special care.

MEDICATION

An insecticide lotion such as permethrin or crotamiton will usually be prescribed. (Infants and pregnant women may need a pediculicide that is less toxic). Bathe thoroughly before applying the prescribed medicine. Apply from the neck down, and cover the entire body. Leave medicine on the skin for recommended time before bathing. Your family or other close contacts should be treated at the same time. You may need to repeat in 1 week, but not more than once.

ACTIVITY & DIET

Avoid close physical contact until treatment is completed and symptoms are resolved. No special diet.

NOTIFY OUR OFFICE IF:

- After treatment, the lesions show signs of infection (redness, pus, swelling or pain).
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects weeks after treatment.

Student Health Center



WWW.SIU.EDU/~SHC

This information is for educational purposes only. Consult your doctor for specific medical advice, diagnosis and treatment.

618-453-3311

Dial-A-Nurse is available after-hours until 10:30 p.m. during fall and spring semesters. In case of emergency dial 911.