

- R.H., a 26 year old woman comes to see you with a seven week history of a rash which is worse on her hands. It is extremely itchy, particularly at night, and she also, gives history of taking a course of antibiotics for sore throat 3 weeks to the onset of the rash. She is worried that she could give “this itching” to her 4 year old son



- What are your differential diagnoses?

Differential diagnoses

- Adverse cutaneous drug interaction
- Eczema
- Urticaria
- Pediculoses
- Scabies
- Superficial dermatophytosis
- Delusions Of Parasitosis

- A 10 year old child is brought with the complaints swelling in the neck. Examination revealed occipital lymphadenopathy.
- What is Your Differential Diagnosis?



Differential diagnoses

- Adverse cutaneous drug interaction
- Eczema
- Urticaria
- Pediculoses
- Scabies
- Superficial dermatophytosis
- Delusions Of Parasitosis

- A 44 year old destitute man brought to emergency after he was found unconscious in the roadside. Examination revealed the following



- So What is Your Differential Diagnosis?

Differential diagnoses

- Adverse cutaneous drug interaction
- Eczema
- Urticaria
- Pityriasis Rosea
- Pediculoses
- Scabies
- Superficial dermatophytosis
- Delusions Of Parasitosis

Scabies

- *Sarcoptes scabiei* var *hominis*: specific for humans
- *Sarcoptes scabiei* var *canis*: animal mite, rarely causes infection in humans
- Transmission
 1. Acquired through direct, prolonged, skin-to-skin contact with an infected person(i.e., same household).
 2. Sexual contact. It is an STI
 3. ?Fomite (infected clothing, bedding)

Clinical features

Hypersensitivity lesion:

- Small erythematous papules / papulovesicles
- Persistent nodular lesions (penis)

Secondary changes

- Pustules: due to secondary infection
- Eczematised : common infants, children

Sites

- Burrows – finger webs. sides of finger. flexural aspects of wrists. feet. male genitalia
- Hypersensitivity –

Excoriated papules,
papulovesicles

Infants: scalp, face,
palms, soles

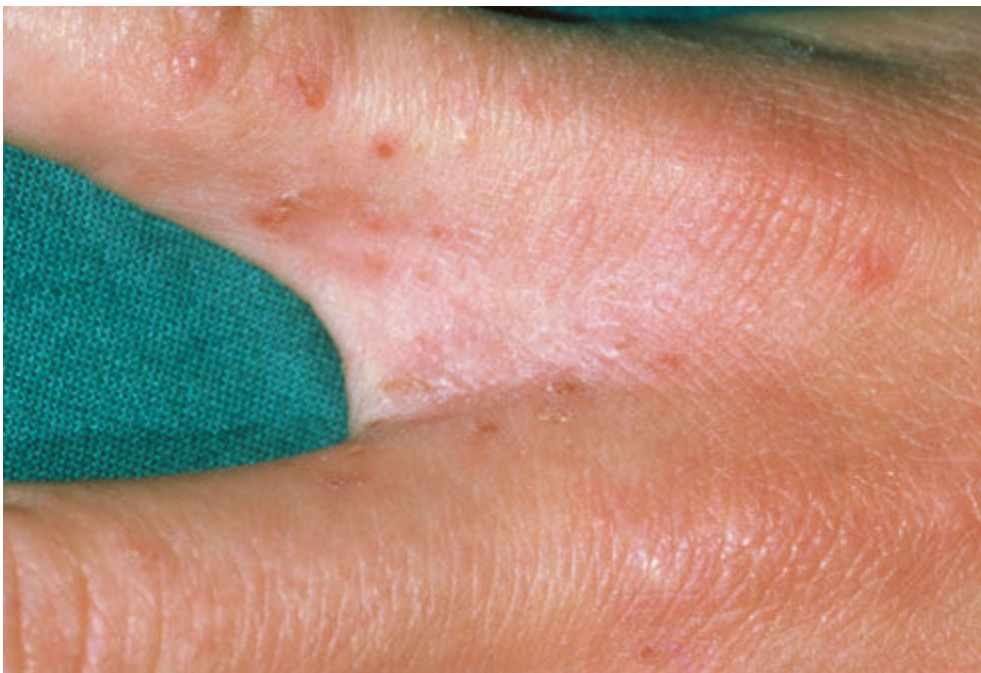


- Diagnosis of scabies is made by looking at the burrows or rash.
- Confirmation of diagnosis

Skin scraping papule/ pustule : mites, eggs, or faeces



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Treatment

TOPICAL

- 5% permethrin : apply for 8 hours on days 1 & 8
- 1% GBHC: apply for 8 hours on days 1 & 8
- 25% Benzyl benzoate: 3 application for 12 hourly
- 10% Crotamiton: apply for 8 hours on days 1,2,3 & 8
- 10% Precipated Sulphur: twice daily for 14 days; DOC in pregnancy

ORAL

- Ivermectin 200µg/kg body weight on day 1, 8 and 15

General principles

1. Apply to whole body below jaw line including genitals, soles, under free edge of nails
2. Treat all family members simultaneously
3. Ordinary laundering of linen
4. Antihistamines: for 4-6 weeks
5. Persistent nodular lesion – topical steroid may be required

Norwegian scabies or crusted scabies

- Immunocompromised patients
- Mentally challenged

C/F: widespread crusted, hyperkeratotic lesion

- Innumerable mites (hundreds)
- Very contagious

Treatment - Topical 5% permethrin or

topical 5% benzoyl benzoate

applied daily for seven days, then twice weekly until cure

Keratolytic creams on alternate days to scabicide

Oral ivermectin on days 1, 2, 8, 9, and 15

(add days 22, 29 if infestation is severe).



Animal scabies

- Mite - *Sarcoptes Scabiei* var *Canis*
- Transmission - Infected animal to human; human to human transmission does not occur
- Source – horses, cattle, dogs, cats; (this infection in animals is called Mange)
- C/F – small, pruritic papules “ temporary”
no burrows
site - front of trunk,
medial aspect of upper extremities
- Treatment – antihistamines
- specific antiscabietic not required

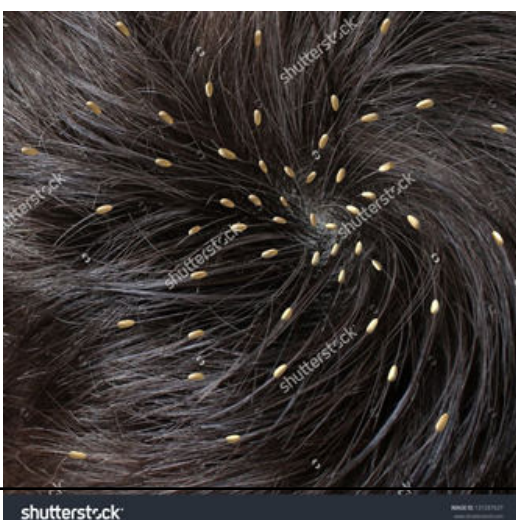
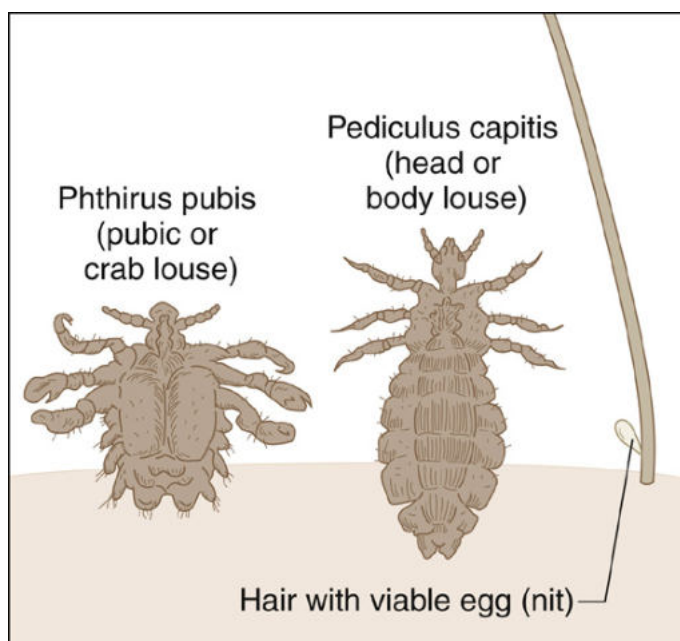


Pediculosis (Louse infestation)

- *Pediculus humanus*
- var *capitis* – ‘head louse’ - infestation of scalp
- var *humanus* - ‘body louse’ - infestation of body & clothing
- *Phthirus pubis* – ‘pubic louse’ infestation of pubic area, axillae, eyelash

Lice

- Flat wingless blood sucking, live as parasites on hairy skin
- Obligate human parasite
- Nits – Eggs attached to hair (scalp, other body hair)
eggs attached to seams of clothes

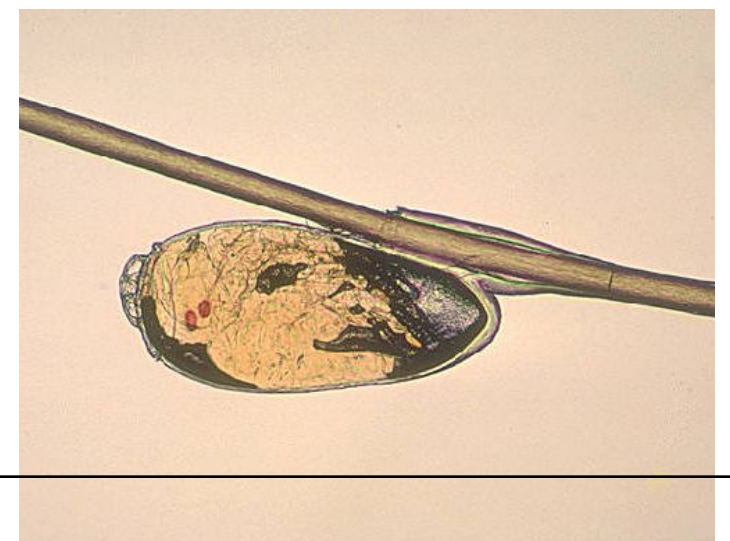


- A 10 year old child is brought with the complaints swelling in the neck. Examination revealed occipital lymphadenopathy.
- What is Your Differential Diagnosis?



Clinical features Pediculus Capitis

- Transmission- head to head contact, fomites (shared combs)
- Severe itching – scalp, also sides and back of scalp
- Complication- crusting due to eczematization
secondary infection
occipital lymphadenopathy
- O/E – nits (firmly attached to hair shaft, have to be glided off the whole hair to remove)
adults lice difficult to find



Treatment Pediculus Capitis

TOPICAL

1. 1% Permethrin
2. 1% Gama Benzene Hexachloride
10-15 minutes contact then rinse; repeat application day 8
3. 0.5% Malathion – overnight application then rinse

PHYSICAL TREATMENT – hairbrushing with fine toothed comb

ORAL THERAPY – Ivermectin 200µg/kg body weight on day 1, 8 and 15

Antihistamines

Antibiotics if secondary infection

Pediculus Corporis (Vagabond's Disease)

- Transmission- infested clothing , bedding
- Predisposing factors
 - Poor hygiene
 - social deprivation
 - Mentally challenged
- Severe itching – trunk
- O/E – self neglect
 - poor hygiene
 - linear excoriations with haemorrhagic crust
 - eczematization
 - lymphadenopathy



Nits on inner seams of clothes



Treatment Pediculosis Corporis

- Complication- crusting due to eczematization
secondary infection
lymphadenopathy
- Treatment - treatment of infested clothes by high temperature laundry and ironing
Antihistamines
Antibiotics if secondary infection
Topical steroid for eczematization

Phthirus Pubis

- Transmission – sexual and direct
fomite (contaminated clothing, towels, bedding)
- Severe itching – pubic area, thighs, eyelashes
- O/E – shiny translucent nits
adult mite as yellowish black specks
clinging to base of hairs



- Maculae Ceruleae – presence of small blue- grey macules
- Treatment- 1% Permethrin rinse
1% Gama Benzene Hexachloride
0.5% Malathion
(Affected areas treated and on day 8)

THANK YOU

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