

Scabies (Treatment)

SCABIES MITE: *Sarcoptes scabiei*

The female mite burrows under the skin to lay her eggs. The allergen diffuses into deep layers of the skin and bloodstream, causing severe and widespread itching, especially at night.

Transmission of the mite is by skin to skin contact. Close contacts (includes prolonged hand-holding) should also be treated at the same time.

Look for: short scratch marks with bleeding, and bilateral symmetrical rash (not related to site of burrows), in classical scabies.

Treatment

1st choice

Malathion 0.5% aqueous solution (Derbac-M[®] liquid)

Alternatives

Permethrin 5% dermal cream (Lyclear[®])
For use in patients intolerant of malathion.

Ivermectin (unlicensed product)
200mcg/kg PO as a single dose rounded up to the nearest multiple of 3 (available as 6 mg tablets)

Ivermectin has been found to be useful in patients who have failed to respond to topical treatments, patients in whom topical treatments are contraindicated, e.g. patients with severe psoriasis and patients with crusted scabies. Also recommended for HIV patients.

Directions

- Apply the liquid to the whole of the body excluding the area above the neck. Pay particular attention to the areas between the fingers and toes, wrists, axillae, external genitalia, buttocks and under finger and toe nails.
- In crusted or atypical scabies, in adults or in children under two years of age, the lotion should also be applied to the scalp, face and ears; avoiding eyes and mouth.
- Leave for 24 hours. If any part of the skin is washed during this period treatment must be re-applied immediately.
- Wash off with plain cool water followed by normal bathing.
- The rash and itching may take several weeks to subside after the infestation has been eliminated. During this period calamine lotion, crotamiton cream or oral antihistamines may be used to alleviate itching
- Use malathion with caution in pregnancy