

Crusted scabies



Figure 1: Multiple hyperkeratotic and crusted plaques with fissures noted over lower abdomen, genitalia and bilateral thigh



Figure 2: Multiple hyperkeratotic and crusted plaques with fissures noted over back, buttocks and bilateral elbows

A 49-year-old vagabond and alcoholic male presented with generalised itchy lesions all over his body, including web space, for 15 days. On examination, we detected multiple excoriated papules, and diffuse hyperkeratotic crusted and fissured plaques involving bilateral finger web spaces, buttocks, genitalia, trunk and extremities [Figure 1]. The lesions were more crusted in the lower abdomen, genitalia, buttocks and bilateral elbow [Figure 2]. A mineral oil mount from finger web space revealed mites. So, a diagnosis of crusted or Norwegian scabies was made. We advised oral ivermectin 12 mg on days 1, 2, 8, 9, 15, 22 and 29 and topical permethrin application every two days for 14 days, which resulted in complete resolution. Chronic alcoholism along with poor nutrition and hygiene were the possible underlying factors for crusted scabies in our patient. This condition is highly contagious with minimal itching, and its treatment is difficult due to extensive crusting.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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