

# A case of crusted scabies in an immunocompetent infant.

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## Abstract

This clinical image presents a rare variant of scabies occurring in an infant with specific clinical presentation that can mislead diagnosis. Clinicians should be aware of such infection to avoid complications.

## Title: A case of crusted scabies in an immunocompetent infant

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**Conflicts of interest:** None

**Consent:** Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy

## Cover letter

April 27th,2022

Dear Editor:

We are pleased to submit an original paper entitled “A case of crusted scabies in a immunocompetent infant” for consideration for publication in clinical case report journal as a clinical image.

In this manuscript, we describe an original case of infantile norwegian scabies which was initially misdiagnosed and wrongly treated with corticosteroids resulting in worsening of the symptomatology. We believe that awareness of this condition with specific clinical presentation is fundamental to ensure accurate diagnosis and treatment and prevent its complications . This manuscript has not been published and is not under consideration for publication elsewhere. We have no conflicts of interest to disclose. We certify that all authors meet the criteria for authorship and that they will sign a declaration attesting to authorship, revealing any potential conflicts of interest, and releasing copyright if the manuscript is accepted for publication.

Thank you for your consideration.

Sincerely,

Salima Mami, M.D Department of Dermatology Charles Nicolle Hospital, Tunis, Tunisia.

### Case presentation:

A ten-month-old infant, presented with a 4-month history of generalized itching rash causing sleep disturbance. He received several topical treatments including corticosteroids. He was also put on oral corticosteroid which resulted in worsening of his symptoms. Physical examination showed widespread erythematous papulopustular lesions (Figure 1) , scratch marks and thick crusted hyperkeratosis on the palms and soles (Figure 2). Interrogation revealed familial pruritis. The diagnosis of Norwegian scabies was made by examining skin scrapings from the crusted lesions that revealed extensive infestation with *Sarcoptes scabiei* . The patient was successfully treated with benzyl benzoate lotion on D1, D2 and D7 repeated after 2 weeks associated with salicylic Vaseline 20% on the palms and soles.

### Discussion:

Norwegian scabies is a highly contagious and rare infection, caused by intense infestation of the skin with countless mites. It occurs especially in immunocompromised patients or with cognitive deficiency<sup>1</sup>. In our case, topical and oral corticosteroids seem to have a role in the appearance of this form. Its atypical presentation often leads to misdiagnosis since it mimics psoriasis, eczema, contact dermatitis, insect bites, systemic infection and palmoplantar keratoderma<sup>2</sup>. Physicians should be aware of this clinical form in order to avoid complications.

### Références:

1- Castro HM, Lisa Eliceche M. Sarna Norueg [Norwegian Scabies]. *Rev Fac Cien Med Univ Nac Cordoba* . 2018;75(1):50-51. Published 2018 Mar 29. doi:10.31053/1853.0605.v75.n1.16509

2- Siegfried EC, Hebert AA. Diagnosis of Atopic Dermatitis: Mimics, Overlaps, and Complications. *J Clin Med* . 2015;4(5):884-917. Published 2015 May 6. doi:10.3390/jcm4050884

### Figures :

**Figure 1 :** Papulopustular generalized eruption ((A): trunk, (B) pustules on the axilla )

**Figure 2:** Crusted hyperkeratosis ((A): thick on the soles, (B): palms)



