

A severe rash

A 49-year-old woman living in a nursing home developed a diffuse severe pruritic rash (*Figure 1*). She had a long history of systemic lupus erythematosus treated with prednisone and hydroxychloroquine. Her daughter and sister both developed a pruritic, though less severe, skin rash after visiting her. Skin scrapings examined in mineral oil under low-power microscopy showed motile *Sarcoptes scabiei* (*Figure 2*). A video version of this image is available at www.BaylorHealth.edu/Proceedings/22_1/22_1_emmett.f2.htm. The diagnosis was generalized crusted scabies, also called Norwegian scabies.

Immunocompetent individuals with scabies may have a burden of hundreds of mites. Their pruritic eruption typically appears between the fingers, as well as on wrists, the axilla, the gluteal area, and feet. However, when immunocompromised individuals develop generalized crusted scabies, their mite burden expands to the hundreds of thousands to the millions. These patients are extremely infectious. *Figure 3* shows the same hand 1 week after treatment with topical permethrin 5% and one dose of oral ivermectin 200 mcg/kg.

—ANUMEHA TANDON, MD, AND MICHAEL EMMETT, MD
Department of Internal Medicine
Baylor University Medical Center

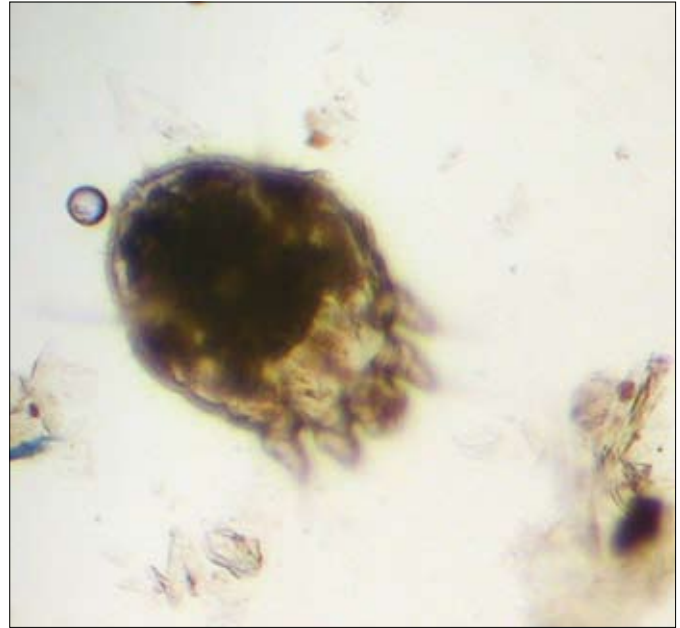


Figure 2. Motile *Sarcoptes scabiei* seen in skin scrapings.



Figure 1. The patient's hand at admission.



Figure 3. The patient's hand 1 week after treatment.