



ASPIRE[®] DERMATOLOGY

Newsletter: July 2023

SCABIES

Scabies is a relatively common skin infestation by a mite called *Sarcoptes scabiei*, which is an obligate parasite to humans. Scabies infestations result in an intensely itchy rash. This condition can affect anyone, regardless of age or socioeconomic status. It presents more frequently in crowded conditions such as long-term care facilities like nursing homes, hospitals, and prisons, but can occur with any prolonged skin to skin contact with someone who is infested. In this newsletter, I will discuss how scabies are transmitted, the clinical manifestations, and how it is diagnosed and treated.

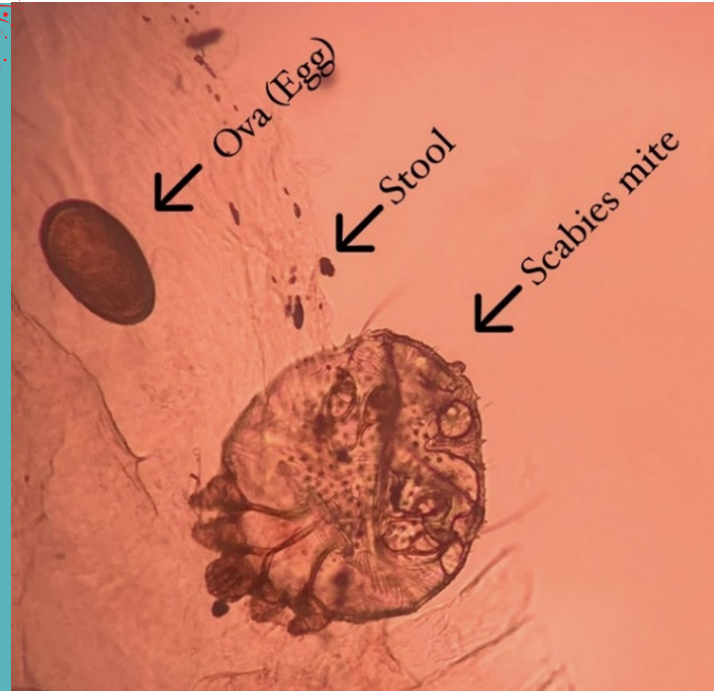


Photo Credit: Rebecca Shea, PA-C

How are scabies transmitted?

Transmission of scabies occurs through direct and prolonged skin-to-skin contact. It can also be spread via sexual transmission or less likely through infested surfaces, like bedding, clothing, or other objects.

Infestation begins when a fertilized female mite contacts the skin's surface. The female mite will burrow through the epidermis (the top layer of the skin). While burrowing, the females lay two to three eggs per day, and also leave behind feces, before dying after 4-6 weeks. Larvae hatch in 3-4 days and molt within the burrow to reach adulthood. Scabies are spread throughout the body either by migration through the burrows or by scratching. Scabies mites are able to live off of the human host for 24-36 hours.

In patients with classic scabies, the mite burden is low. However, in patients that have crusted scabies, there can be millions of mites on the body.



Rebecca Shea, PA-C

How does the scabies rash present?

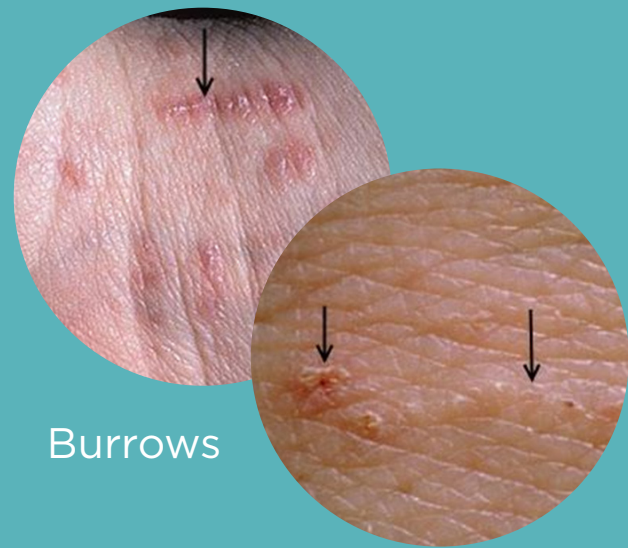
Classic scabies symptoms typically present about 3-6 weeks after primary infestation and starts with itchy skin. This itch is described as intense, and is usually worse at night, keeping the patient up. The itch is a result of the body's reaction to the mite, mite feces, and eggs. The rash presents as red bumps, scratch marks, and "burrows". Burrows are often seen in finger web spaces and around the wrists, genitalia, waist, and axilla. Crusted scabies, also known as Norwegian scabies, is when the scabies infestation is significant. It usually presents as thick crusting over the hands, extremities, and trunk. Itching is usually severe but can also be absent.

How are scabies diagnosed?

When you present to your provider, we will thoroughly look over your skin, checking for clues like "burrows" or red bumps on the skin. The presence of intense itching that is worse at night and a known contact will raise our suspicion of a scabies infestation. A definitive diagnosis is made by performing a "scabies prep". This consists of gently scraping the skin and transferring the contents to a slide and observing it under a microscope. Under the microscope we are able to see mites, stool, and/or eggs. If the skin scraping is inconclusive, we may also perform a skin biopsy.

How are scabies treated?

We know that scabies is a diagnosis that no one wants to have, but the good news is that it is very easy to treat and leads to almost an immediate resolution of symptoms. Usually, a cream is prescribed that the patient applies from the neck all the way down to the toes. This cream must be left on for 8 hours and then washed off. It is crucial that all bedding and belongings that contacted the skin are washed in hot water and dried on high heat. Any items that are not able to go into the washing machine should be isolated (i.e. sealed in a bag and placed out of reach) for over 72 hours to ensure the mites die off. It is also important that all household members or contacts are treated so that that mites are not passed back and forth. For more severe cases or for patients who are unable to apply the cream, there are oral medications that may be prescribed as well.



Rebecca Shea, PA-C

Rebecca Shea was born and raised in Rhode Island. She graduated Summa Cum Laude from the University of Rhode Island and obtained her Bachelor of Science in Biological Sciences. She went on to receive her Masters of Physician Assistant Studies at Massachusetts College of Pharmacy & Health Sciences University in 2015. Rebecca discovered her passion for Dermatology during her undergraduate career but this passion was solidified during her clinical rotation in Dermatology at the VA Hospital in Boston. She began her career as a certified Physician Assistant at Aspire Dermatology shortly after graduating in 2016.

Rebecca evaluates, diagnoses and treats a wide variety of skin conditions with some of the most common being acne, eczema, and psoriasis, to name a few. She performs skin cancer screenings, surgical excisions of atypical lesions and skin cancers, provides preventative care, and educates patients on how to best care for their skin. She also offers cosmetic treatments including Botox and Dysport.



We would like to thank all of our staff for their continued dedication to our patients and the communities in which we all live and work



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WARWICK	618 Toll Gate Rd., Warwick, RI 02886
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JOHNSTON	1524 Atwood Avenue, Ste. 321, Johnston, RI 02919
RIVERSIDE	1525 Wampanoag Trail, Ste. 203, Riverside, RI 02915
COVENTRY	2435 Nooseneck Hill Rd., Ste. A-1, Coventry, RI 02816
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