

SCABIES

<u>Symptoms/Signs</u>	<u>Diagnostic Criteria</u>	<u>Management</u>
<p>Severe itching associated with reddened papular eruptions with linear burrows.</p> <p>Lesions are commonly found on the genitals and inner thighs when scabies is spread sexually. Lesions may also be found in the axillae, fingerwebs, beltline and other areas of the body.</p> <p>Secondary excoriations due to scratching of the infested area(s) are common.</p>	<ol style="list-style-type: none">1. Gross or microscopic identifications of mite, larva or eggs on scraping from papules or burrows. <p style="text-align: center;">OR</p> <ol style="list-style-type: none">2. Burrows in the skin or characteristic pruritic, erythematous, papular eruptions and other causes of dermatitis are excluded. <p>Compatible or atypical skin lesions and sexual or other close physical contact to a person infested with scabies is suggestive.</p>	<ol style="list-style-type: none">A. <u>Treatment</u><ol style="list-style-type: none">1. Permethrin 5% Cream (Elimite), massaged into all skin areas from the neck down, avoiding contact with mucous membranes, eyes and mouth. Remove by washing after 8-14 hours. (One application)<p style="text-align: center;">OR</p>2. Lindane 1% lotion (1 oz) or cream (30 gm), applied once to all skin areas from the neck down and washed off in 8 hours. <u>Do not use after a bath or if have extensive dermatitis. Do not use if pregnant, lactating or a child.</u> B. <u>Counseling/Follow-up</u><ol style="list-style-type: none">1. All clothes, towels and bed linens used during the past few days need to be laundered or dry cleaned.2. Reexamine in a week. May re-treat once if there is no improvement.3. Use nonprescription oral or topical Benadryl or hydrocortisone cream for persistent itching. C. <u>Sex Partners</u><p>Examine and treat (as above) all sex partners and close household contacts.</p>

PEDICULOSIS PUBIS
("Crab" Lice)

<u>Symptoms/Signs</u>	<u>Diagnostic Criteria</u>	<u>Management</u>
<p>Adult louse and/or nits (egg cases) observed on pubic hair.</p> <p>Lice may appear as scabs/crusts over "scratch papules."</p> <p>Characteristic blue spots on skin due to bite of louse.</p> <p>Sensitivity reaction to louse bite: Itching, with secondary erythema and irritation due to scratching, may begin after a few days.</p>	<p>1. Identification of lice, larvae or nits attached to genital hairs.</p> <p style="text-align: center;">OR</p> <p>2. History of recent exposure to pubic lice and pruritic, reddened macules or papules or secondary excoriations are observed in the genital area.</p>	<p>A. <u>Treatment</u></p> <p>1. Permethrin 1% cream (NIX) applied to the affected area and washed off after 10 minutes, OR</p> <p>2. Pyrethins with piperonyl butoxide (e.g., RID) applied to the affected area and washed off after 10 minutes, OR</p> <p>3. Lindane 1% shampoo, left on for 4 minutes and then washed off. <u>Do not use if pregnant or lactating.</u></p> <p>B. <u>Counseling/Follow-up</u></p> <p>1. All clothes, towels and bed linens used during the past few days need to be decontaminated (either machine-washed or machine-dried using the heat cycle, or dry cleaned) or removed from body contact for at least 72 hours. Fumigation of living areas is not necessary.</p> <p>2. Mild topical antipruritic/anti-inflammatory cream or ointment may be obtained over-the-counter to use for itching.</p> <p>3. Re-treat if lice or nits are still seen after 7 days.</p>

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