Letter to the Editor

Scabies in the Nursing Home, Misdiagnosis Means Costs, and Embarrassment: Story of a Centenarian Smitten by Scabies!

To the Editor:

Scabies is a global problem and a significant source of morbidity in long term care residents, especially the elderly, the debilitated, and the demented, because of its contagious nature of spread.1,2 Human scabies is caused by infestation with Sarcoptes scabiei var hominis, with the adult female scabies mites burrowing into the epidermis to deposit their eggs. While scabies is not uncommon in long term care, the infestation is often misdiagnosed escalating spread and costs.3 Presented is the story of a nursing home resident who lived to a 100 years, only to be smitten by scabies.

Our 100-year-old nursing home female with advanced dementia, bed-bound, and totally activities of daily living-dependent was transferred from a rehabilitation center to long term care with extensive papular rash on the back, anterior chest wall, abdomen, and thighs (Figures 1 and 2). On arrival, the patient was noted to be on an antifungal cream, for presumed fungal infection. Since no improvement was noticed, a steroid cream was now added and the rash observed clinically. The resident was afebrile and never complained of itching, with no pruritic marks noted. Consultation with a dermatologist was followed by skin scraping microscopic examination with mineral oil; a diagnosis of scabies was now made. Treatment with permethrin followed, and all other residents and staff in the same nursing unit were treated empirically.

Scabies outbreaks are not infrequent in nursing homes and are transmitted by contact with inanimate objects (such as linen) or human contact.4 Outbreaks sometimes last months and can be hard to eradicate.4 Scabies outbreaks are not infrequent in nursing homes and are transmitted by contact with inanimate objects (such as linen) or human contact.4 Outbreaks sometimes last months and can be hard to eradicate.4

While scabies may not always itch, all that itches is not scabies either! The most common manifestations of scabies are pruritus and papular skin rash. Itching, the most common early symptom is particularly missing in the cognitively or sensory impaired, as evidenced in our demented resident. Itching and rash are typical in the web of the fingers, wrist, elbow, arm pit, penis, nipple, waist, buttocks, and shoulder blades. Scabies spreads through direct person-to-person contact, in crowded conditions, and especially in nursing homes. An atypical form, termed Norwegian scabies is highly contagious and affects the elderly, especially the immunocompromised, and those who have limited ability to complain or scratch such as those with paralysis, neuropathy and mental disability.5

Scabicides such as permethrin 5% cream, lindane 1% lotion, and oral ivermectin used to treat scabies are available only through prescription and not over the counter. Benzyl benzoate may be needed at times.4 The lotion and cream are applied from the neck down, with retreatment often necessary. Key steps learned from prior nursing home outbreaks include the simultaneous treatment in a coordinated manner of all exposed patients and staff, the isolation of infected residents, and disinfection of objects such as the infected patient’s linen, clothing, and towels.4 The elderly may experience toxicity from drugs; re-infestation is not uncommon in this age group.4 Prolonged surveillance may be needed to eradicate institutional scabies.6

Fig. 1. Skin lesions prior to treatment in the centenarian.

Fig. 2. Skin lesions prior to treatment in the centenarian.
The lessons learned are:

- Scabies often escapes recognition and may be misdiagnosed. When in doubt, it is prudent to seek consultation early.
- The disorder may be asymptomatic in the cognitively impaired, in those with sensory deficits, and in residents with impaired ability to complain of itching.
- Since scabies is contagious, early diagnosis spares additional victims (staff or residents) and importantly, the embarrassment, negative publicity, and health care costs related to a missed diagnosis.

References


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