

## Images in Clinical Tropical Medicine

### An Atypical Presentation of Scabies

Arezki Izri<sup>1,2</sup> and Mohammad Akhoundi<sup>1\*</sup>

<sup>1</sup>Parasitology-Mycology Department, Avicenne Hospital, AP-HP, Paris 13 University, Bobigny, France; <sup>2</sup>Unité des Virus Émergents (UVE: Aix-Marseille Univ-IRD 190-Inserm 1207-IHU Méditerranée Infection), Marseille, France

A 45-year-old woman was referred for foot pain of 3 days duration that impaired walking. Clinical examinations did not reveal any skin abnormalities other than on the plantar aspect of the left foot, where a blister with a linear burrow typical of scabies. Microscopic examination of skin scrapings showed a female *Sarcoptes scabiei* mite under 100× magnification. Treatment with biseptin (antiseptic lotion) and ivermectin (200 µg/kg, in first and tenth days) led to a favorable outcome 2 weeks later. Human scabies, a skin infestation caused by *Sarcoptes scabiei* var. *hominis* mite, occurs worldwide in all ethnic groups and socioeconomic levels.<sup>1,2</sup> It spreads by skin-to-skin contact.<sup>3</sup> The mites are usually found between the fingers, wrists or genitals.<sup>4</sup> Nevertheless, they can appear anywhere on the body and lesions can be exacerbated by immunosuppression. The infested location (plantar) and the clinical manifestation as demonstrated here are uncommon. Clinicians should be aware of such unusual clinical signs and symptoms resulting from *Sarcoptes* infestation (Figure 1).

Received June 26, 2021. Accepted for publication August 10, 2021.

Published online October 4, 2021.

Disclosure: Written informed consent was obtained from the patient for publication of this case report.

Author contributions: Study design: AI, MA; Data collection: AI, MA; Writing and overview: AI, MA. All co-authors have read and confirmed the manuscript.

Authors' addresses: Arezki Izri and Mohammad Akhoundi, Hospital Avicenne, Parasitology and Mycology, Bobigny, France, E-mails: arezki.izri@aphp.fr and m.akhoundi@yahoo.com.

This is an open-access article distributed under the terms of the Creative Commons Attribution (CC-BY) License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

#### REFERENCES

1. Chosidow O, 2006. Clinical practices. Scabies. *N Engl J Med* 354: 1718–1727.
2. Walton SF, Currie BJ, 2007. Problems in diagnosing scabies, a global disease in human and animal populations. *Clin Microbiol Rev* 20: 268–279.
3. Bernigaud C, Chosidow O, 2018. La gale [Scabies]. *Rev Prat* 68: 63–69.
4. Chandler DJ, Fuller LC, 2019. A review of scabies: an infestation more than skin deep. *Dermatol* 235: 79–90.



FIGURE 1. An atypical presentation of scabies. This figure appears in color at [www.ajtmh.org](http://www.ajtmh.org).

\*Address correspondence to Mohammad Akhoundi, Parasitology-Mycology Department, Avicenne Hospital, AP-HP, Bobigny, France, 125, route de Stalingrad, 93009 Bobigny cedex, France. E-mail: m.akhoundi@yahoo.com