

Clinical Image

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Crusted scabies in a woman with systemic lupus erythematosus**Mohammed Raiteb^{1*}; Zakaria Chahbi¹; Redouane Moutaj²; Mohammed Badaoui¹; Hassan Qacif¹; Mohamed Zyani¹**¹Internal Medicine Department, Avicenne Military Hospital of Marrakech, Faculty of Medicine and Pharmacy Marrakech, Morocco.²Parasitology and Mycology Department, Avicenne Military Hospital of Marrakech, Faculty of Medicine and Pharmacy Marrakech, Morocco.***Corresponding Author: Mohammed Raiteb**

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Abstract

Scabies is a contagious parasitic skin disease caused by *Sarcoptes scabiei*. Crusted scabies is a severe form of scabies that usually occurs in immune compromised patients. We report an uncommon case of crusted scabies in a woman followed by systemic lupus erythematosus with severe and persistent lymphocytopenia.

Keywords: Crusted scabies; Systemic lupus erythematosus; Ivermectin; Immunosuppression.

Abbreviations: SLE: Systemic Lupus Erythematosus.

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Clinical image description

A 32-year-old Moroccan woman with a 2-year history of Systemic Lupus Erythematosus (SLE) was hospitalized in our department for chronic fever, profound asthenia, and mildly itchy generalized skin lesions. The woman had a medical history of persistent severe lymphocytopenia, diabetes, and vitiligo. She was receiving corticosteroids and hydroxychloroquine as therapy for SLE.

The cutaneous lesions were generalized involving the limbs, trunk, head, and neck and they were mildly pruritic, scaly, and crusty on an erythematous background (Figure 1). She had profound lymphocytopenia at 440 cells/mm³ and a normal eosinophil count.

The appearance, distribution, and itchy character of the lesions were consistent with crusted scabies and the microscopic

examination of skin samples showed multiple mites, eggs, and feces confirming the diagnosis of crusted scabies (Figure 2). The woman received a combination of oral ivermectin 200 µg/kg/dose on days 1, 2, 8, and 15 and a daily topical treatment by Benzyl benzoate, which allowed a good clinical outcome (Figure 3) and negative microscopic tests on the skin samples after fifteen days of treatment.

Scabies is a contagious parasitic skin disease caused by *Sarcoptes scabiei* var *hominis*. It was added to the World Health Organization's list of neglected tropical diseases in 2017 [1]. We share this case to emphasize this uncommon association of SLE and crusted scabies as well as the clinical appearance of the skin lesions in this association. Due to the lack of immune response, crusted scabies is characterized by mild or absent pruritus [2]. It should be differentiated, as in our case, from cutaneous manifestations of SLE and several other diagnoses, including psoriasis and hyperkeratotic eczema [3].

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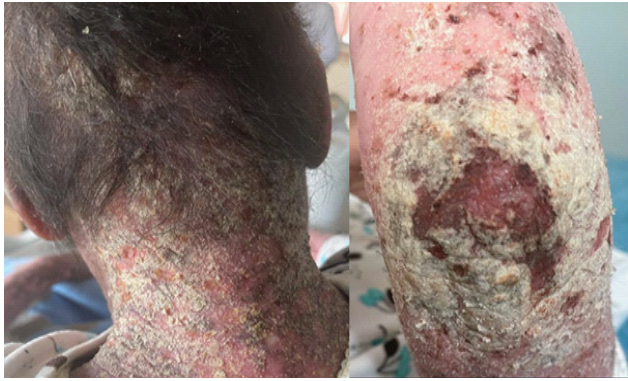


Figure 1: The neck, head, and left elbow of a 32-year-old woman with systemic lupus erythematosus showing scaly, crusty eruptions on an erythematous background caused by crusted scabies.

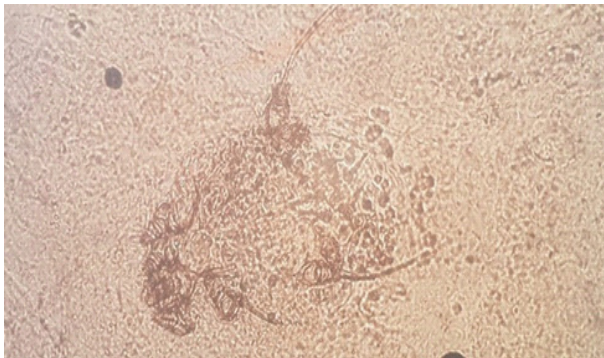


Figure 2: Microscopic image of the patient's skin samples showing the scabies mite.



Figure 3: The woman's neck, head, and left elbow showing good evolution after fifteen days of treatment.

Immunosuppression and chronic diseases like diabetes constitute risk factors for the occurrence of crusted scabies [2]. In our case the patient presented several risk factors represented by SLE and its severe lymphocytopenia, corticosteroid therapy, and diabetes.

Declarations

Patient consent: The authors certify that they have obtained all appropriate patient consent forms.

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Conflicts of interest: There are no conflicts of interest.

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