



A Rare Exanthematous Disease in A Newborn: Scabies

Yenidoğanda Ender Bir Döküntülü Hastalık: Uyuz

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A twenty-day-old male was brought with a complaint of a rash that had been present for ten days. The rash had first started on the feet and spread to his entire body except for the diaper area. The patient was born normally, was exclusively breastfed, and had no other illness. The mother was also healthy and did not use any medication. On physical examination, the baby's general condition was good, there was no fever, and there were papulopustular skin lesions on an erythematous base with palmoplantar involvement and not blanching with pressure all over his body. No other pathology was detected in the systemic examination. Due to the patient's age and papulopustular rash, congenital syphilis was considered and he was admitted to the pediatric infectious diseases ward. The complete blood count was unremarkable except for eosinophilia (total eosinophil count= 1480/mm³), and his blood biochemistry was normal. When the family was questioned again, it was learned that the mother and her sibling also had similar itchy skin lesions, so the patient was consulted to dermatology with a preliminary diagnosis of scabies. The patient was diagnosed with scabies due to the shape and distribution of the rash and the burrows (les sillons) seen in the dermoscopic examination. Topical care with a sulfur mixture was recommended to the patient's entire body. After permethrin cream was started and education was given to the family members, the patient was discharged. In the follow-up examination, the patient's rash had resolved.

Scabies is a contagious skin disease in which the *Sarcoptes scabiei* mite settles into the skin and causes severe itching. It continues to be a common dermatological problem that can be seen in all ages and genders worldwide, especially in communities with inadequate access to health services and resources. Children, young adults and the elderly



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population are more frequently affected. It is most commonly transmitted through prolonged and close skin contact, such as sleeping in the same bed with people with scabies. In children, the neck, face, scalp, nails, palms, soles and back can be affected. The rash can be vesicular, papulovesicular or papulopustular. While crying, irritability and restlessness may be prominent in infants, symptoms such as insomnia and related restlessness and fatigue may be observed in older children due to unbearable itching that increases especially at night. The typical distribution of lesions, together with a history of contact with a person with scabies and itching that started after contact, clinically suggests scabies. In addition, microscopy, dermoscopy and Wood's lamp are helpful methods for diagnosis. Impetigo, which develops as a result of disruption of skin integrity due to scratching, is the most common complication of scabies, especially in children. In treatment, topical therapies such as sulfur-containing preparations, permethrin, benzyl benzoate, and lindane, as well as oral medications like ivermectin, are used. Everyone with whom the person with scabies is in close contact (such as family members, spouse, children, school friends of the children, people living in the same house, caregivers or sexual partners) should receive simultaneous treatment, even if they do not have complaints.