

Scabies in Neonates: A Rare Entity

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A 28 days female neonate presented with complaint of generalised maculopapular rashes [Table/Fig-1] with mild fever and irritability for 10 days. The rash started on trunk and spread centrifugally to involve face, neck, scalp and extremities. On examination multiple erythematous pleomorphic lesions including macules, papules, vesicles and pustules were present all over the body. The lesions over extremities were excoriated and crusted [Table/Fig-2]. Child was alert and accepting



[Table/Fig-1]: Generalized maculopapular lesion.

[Table/Fig-2]: Excoriated and crusted lesion over hand.

breast feed well. Systemic examination was normal. There was history of similar skin lesion (multiple pruritic papulopustular lesion) was reported in mother, over abdomen and hands which appeared around one month back. She had no treatment for these lesion. On the basis of history and clinical examination the diagnosis of neonatal scabies was made. Although, microscopy of skin scrapings of lesion of neonate was not contributory.

There was a dramatic response after single application of 5% permethrin cream in both the neonate and her mother.

Occurrence of neonatal scabies is rare and clinical presentation is unlike that of older children and adults. It results in missed or delayed diagnosis. A careful history of contacts and clinical examination are of great value in establishing the diagnosis of neonatal scabies. Microscopy of skin scrapings revealing mite eggs and adult mite can be helpful. Main differential diagnosis include neonatal chickenpox, infantile acropustulosis, erythema toxicum neonatorum, Transient Neonatal Pustular Melanosis (TNPM), infantile seborrheic dermatitis and impetigo [1-3].

CONCLUSION

Scabies in neonates is uncommon but precise diagnosis based on contact history and clinical presentation is essential for effective treatment with 5% permethrin.

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