

## PERSISTENT NODULES IN SCABIES

### Report of an atypical case

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#### ABSTRACT

We report a case of scabies observed in a woman treated with oral steroids for chronic idiopathic thrombocytopenic purpura. The case seems worth presenting because of the peculiar clinical picture and course featured.

#### KEY WORDS

scabies, persistent nodules, atypical course

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#### INTRODUCTION

*Sarcoptes scabiei* evokes a variety of cutaneous lesions. Besides the pathognomonic burrows, which are directly related to the presence of the mite, other non-pathognomonic skin changes can be observed. The latter, i.e. urticarial papules, vesicles, bullae, pustules, nodules, scaling plaques and linear bloody crusts are attributed either to septic complications and to aspecific reaction or sensitization to mite components and topical remedies (1, 2, 3, 4, 5, 6).

The diagnosis is easily made when the family history is contributory, lesions show peculiar sites distribution, and mites are detected in intact burrows. On the contrary, infestation can be overlooked or misdiagnosed by general practitioners, especially if they are not aware enough of this clinical occurrence. Furthermore, scabies can give some diagnostic problems to specialists too when it develops with

scarce or somehow atypical lesions, or previous local or general therapies changed its spontaneous course.

#### CASE REPORT

Our patient is a 64-year-old housewife. She was periodically treated with low-dosage oral steroids (alpha-methylprednisolone, 1 mg/kg body weight/daily) and platelets transfusions nearly for thirty years as affected by chronic idiopathic thrombocytopenic purpura (Werlhof's disease). She was referred to us for a 2-month history of increasingly numerous papulonodular, mildly pruritic lesions. The eruption had appeared on the abdomen, but it rapidly spread over the trunk and limbs. None of the general and topical therapies (steroids, antibiotics, antimycotics) which were administered by patient's general practitioner had shown effective.

