

Usefulness of Dermoscopy in the Diagnosis of Genital Scabies in Child

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INTRODUCTION

Scabies is a common parasitosis occurring worldwide and at any age, which caused by the mite *Sarcoptes scabiei*. In children, the contamination is most often familial by direct skin to skin contact. Clinical presentation is variable includes a severely pruritic rash, nodules, papules and vesicles with predilection for the extremities and the trunk [1].

We report a case of 7 year old child who developed an isolated genital scabies in the form of scabious nodules confirmed by dermoscopy.

We present the case of a 7 year old boy with a 1 month history of pruritus exclusively on the scrotum. Itching was continuous during the day. Family history revealed that, his mother and brother also had itchy papular eruption on trunk and interdigital web spaces of their hands.

The dermatological examination revealed several reddish nodules of variable size on the scrotum (**Figure 1**) and multiple excoriations were noted on the glans (**Figure 2**).



Figure 1. Reddish nodules on the scrotum.

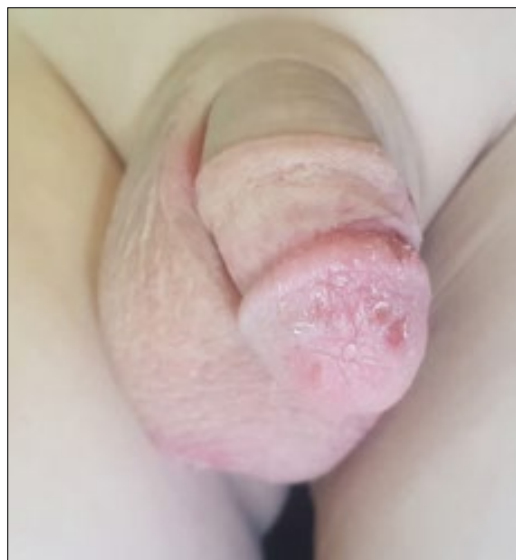


Figure 2. Excoriations on the glans.

Dermoscopy showed a typical “jet with condensation trails” and “hang glider sign” (**Figure 3**) compatible with diagnosis of scabies.

We did not encounter a sexual abuse in our case.

The patient and his relatives were treated with benzyl benzoate lotion with a second application 7 days later.

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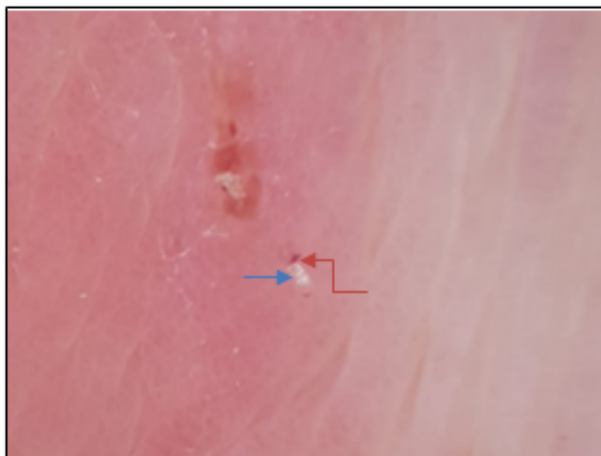


Figure 3. Dermoscopy showing hang glider sign (red arrow), jet with condensation trails (blue arrow).

In infant and children scabies has different presentations and can sometimes occur with atypical clinical presentation [2].

In our case, scabies is present as nodular lesions with exclusive genital involvement. Nodular scabies is a well-known clinical variant of scabies, occurring in 7% of scabies cases, characterized by pruritic, erythematous nodules, which affect the axillae, groin, and genitalia [3].

Scabious nodules are considered to be caused by an exaggerated hypersensitivity reaction to the presence of scabies (antigens on the mite, eggs and scybala) at other sites, or by an active infestation [4]. It was documented that scabious nodules can also persist after treatment.

Dermoscopy is an useful tool to made the diagnosis of scabies, however the specific dermoscopic features findings are dark-brown triangular structures, corresponding to the head and the two anterior pairs of legs of the mite, hang glider sign and jet with condensation trails corresponding to the white S-shaped burrows which are filled with eggs and scybalas [5,6].

Localised scabies remains rare, and affect especially the immunocompromised patient [7], in our case a blood count was performed and did not objective any immunosuppression (no lymphopenia, serology HIV negative).

CONFLICT OF INTEREST

The authors do not declare any conflict of interest.

CONTRIBUTIONS OF AUTHORS

All authors contributed to the writing of this article. The authors also state that they have read and approved the final version.

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