CASE REPORT

Localised genital Norwegian scabies in an AIDS patient

A G Perna, K Bell, T Rosen

Objectives: We present a case of an AIDS patient with Norwegian scabies manifest by a single, crusted plaque localised to the glans penis.

Methods: A 45 year old man with AIDS presented to our clinic complaining of a red papular pruritic rash on his abdomen and anterior thighs and a single, thick, crusted, non-pruritic lesion on the penis. He had been treated with lindane topically prior to the development of the penile lesion without resolution of the pruritus or red papular lesions. A mineral oil preparation was obtained from the hyperkeratotic penile lesion and revealed numerous mite eggs and faeces.

Results: The diagnosis of localised, genital Norwegian scabies was made. The patient was treated with ivermectin 200 μg/kg per dose taken as two doses, 14 days apart, with complete resolution of the skin lesions and pruritus.

Conclusions: This patient is the first known report of Norwegian scabies localised as a single lesion on the penis. He was successfully treated with oral ivermectin monotherapy.

Norwegian scabies, or crusted scabies, is a severe form of infestation by Sarcoptes scabiei seen in immunocompromised patients. Patients characteristically develop extensive thick, hyperkeratotic lesions in a more or less generalised fashion with notable involvement of the extremities—back, face, scalp, and periungual region.1–3 Although the clinical appearance can vary dramatically to include papular and psoriasiform eruptions, lesions are usually not localised.4 To our knowledge, no case of Norwegian scabies localised solely to the genitalia has been previously reported.

CASE REPORT

A 45 year old Hispanic HIV positive man with an absolute CD4 count of 7 cells ×10⁹/l presented to our clinic in April 2002 with a several months’ history of a pruritic red papular eruption on the abdomen and anterior thighs. The patient had been prescribed lindane topically prior to the development of the lesion, but the presence of a single thickly hyperkeratotic plaque localised to the glans penis has not yet been reported.

Crusted scabies is particularly difficult to treat because traditional topical therapies do not penetrate sufficiently to eliminate the infection. Attention has turned towards the use of oral ivermectin as a highly effective alternative treatment,4–10 but there remains no definitive consensus on the optimal dosing regimen (including the total number of doses and interval between them) and on the need for concomitant topical therapy.11 12 The majority of reports suggest the use of two doses (200 μg/kg each) given 2 weeks apart. Our patient’s presentation of pruritic red papules on the abdomen and thighs without burrows was not unusual for an AIDS patient with Sarcoptes scabiei infestation, but the presence of a single thickly hyperkeratotic plaque localised to the glans penis has not yet been reported.

Figure 1 A single crusted penile lesion representing Norwegian scabies in AIDS patient.
CONTRIBUTORS
All three authors directly contributed to the care of this patient and writing and editing of this manuscript.

Authors’ affiliations
A G Perna, K Bell, T Rosen, Department of Dermatology, Baylor College of Medicine, Houston, TX, USA

Correspondence to: Theodore Rosen, MD, Department of Dermatology, Baylor College of Medicine, One Baylor Plaza, Houston, TX 77030, USA; tedrosenmd@aol.com

Accepted for publication 12 August 2003

REFERENCES
Localised genital Norwegian scabies in an AIDS patient

A G Perna, K Bell and T Rosen

*Sex Transm Infect* 2004 80: 72-73
doi: 10.1136/sti.2003.002048

Updated information and services can be found at:
http://sti.bmj.com/content/80/1/72

**References**

This article cites 12 articles, 0 of which you can access for free at:
http://sti.bmj.com/content/80/1/72#BIBL

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**

Articles on similar topics can be found in the following collections

Dermatology (234)

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/