Localised genital Norwegian scabies in an AIDS patient

A G Perna, K Bell, T Rosen

CASE REPORT

A 45 year old Hispanic HIV positive man with an absolute CD4 count of 7 cells × 10⁶/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 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. 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 both pruritus and skin lesions. 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. The patient was treated with two doses of oral ivermectin as a highly effective alternative treatment,3–10 completely following administration of this exact regimen and no further topical therapy. The patient returned after 21 days with complete resolution of his skin lesions and pruritus.

DISCUSSION

Norwegian (crusted) scabies most commonly develops in the population of HIV infected patients; however, individuals with other severe immunosuppressive diseases or those who use systemic or topical immunosuppressants are similarly susceptible.1 This is probably because of the inability of the immune system to combat the mites, thereby facilitating an overwhelming reproduction.

There is a wide range of presentations of Norwegian scabies in AIDS patients. Lesions range from thick, crusted plaques to red papules to psoriasiform plaques to hyperkeratotic yellow coloured papules resembling Darier’s disease.2 Burrows are characteristic in typical scabies, but may be absent in scabies among AIDS patients.12 Pruritus is absent or decreased with Norwegian scabies compared to the intense pruritus characteristic of ordinary scabies.1,3 The lesions in Norwegian scabies are classically distributed on the extremities, but are frequently found on the back, face, scalp, and around the nailfolds.1–3 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.

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.1 To our knowledge, no case of Norwegian scabies localised solely to the genitalia has been previously reported.

A single crusted penile lesion representing Norwegian scabies in an 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