



Prevalence of scabies in dermatology clinic

KEYWORDS

scabies, kadapa

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ABSTRACT **Background:** The burden of scabies is highest in tropical countries. Scabies is a common parasitic infestation of global proportion. It is a highly contagious skin disease which affects both males and females of all socioeconomic status and race.

Objective: To estimate the frequency of scabies in patients of a dermatology clinic in RIMS Kadapa.

Materials and methods: All patients who presented to the dermatology clinic in RIMS Kadapa during a period of one year (1march 2014 to 1march 2015) were included in the study. Cases of scabies were diagnosed according to conventional criteria

Results: A total of 8545 patients who presented to the RIMS Dermatology outpatient clinic with complaints of skin diseases were included in the study. We identified 843 (8.9%) patients with scabies. In males, frequency was 4.26%, while it was 4.66% in females.

Conclusion: Prevalence of scabies was high in a dermatology clinic, and welfare hostel children were identified as high-risk group. Mass treatment of scabies either by oral ivermectin or topical permethrin is suggested.

INTRODUCTION:

Scabies is caused by *Sarcoptes scabiei* var. *hominis*. The burden of disease is highest in tropical countries, where scabies is endemic¹ Scabies is particularly common in resource-poor communities with crowded living conditions. Some studies have suggested higher rates in urban areas and an increased incidence during winter months^{2,4}. The disease is also more common in institutional environments such as prisons, welfare hostels and old-age homes, where outbreaks of the disease are frequently reported⁵. The disease was first ascribed to the mite by Giovan Cosimo Bonomo in 1687.⁶ It was the first human disease recognized to be caused by a specific pathogen.⁷

The mite is an obligate parasite that completes its entire life cycle on humans. Only female mites burrow into the skin. The maturation process lasts about 15 days, with the larvae emerging 2–3 days after the eggs are laid. The skin eruption of classic scabies is considered a consequence of both infestation and a hypersensitivity reaction to the mite. The incubation period before symptoms occur is 3–6 weeks for primary infestation but may be as short as 1–3 days in cases of re-infestation.

Infected prisoners act as a source of infection for their family members friends and relatives. Transmission of scabies is predominantly through direct skin-to-skin contact with infected persons, and for this reason, scabies can be transmitted sexually and thus has been classified a sexually transmitted disease.⁸ This study was aimed at assessing the prevalence of scabies among patients attending in dermatology outpatient RIMS Kadapa.

OBJETIVE: The aim of the study was to determine the prevalence of scabies cases and their distribution according to age and gender in RIMS Kadapa

MATERIALS AND METHODS: All patients who presented to the dermatology clinic in RIMS Kadapa during a period of one year (1march 2014 to 1march 2015) were included in the study. Cases of scabies were diagnosed according to conventional criteria. A presumptive diagnosis of scabies was based on symptomatic complaints of pruritus and physical examination of the site involved. The entire body of each patient was examined. After diagnosis, each patient received 5% permethrin cream and was instructed to apply the drug to his or her whole body from the neck down, to be washed off after 8 hours. Family members of infected individuals were examined if they were brought to the outpatient.

RESULTS:

A total of 8545 patients who presented to the RIMS Dermatology outpatient clinic with complaints of skin diseases were included in the study (table 1). Of this total, 4469 were female (52.3%) and 4076 were male (47.7%) We identified 843 (8.9%) patients with scabies. Their ages ranged from 1month to 80 years. In males, frequency was 4.26%, while it was 4.66% in females. The sex distribution of cases is shown in Table 2. About 78% of cases were younger than 40 years of age and the highest prevalence was in age group 10-19yrs, followed by the age group 20 to 29 years. The age distribution of cases is shown in Table 3. Summary of case distribution in all age groups in both sexes shown in fig 1.

Table 1: study population

Group	No of patients	Percentage
Males	4076	47.7%
Females	4469	52.3%

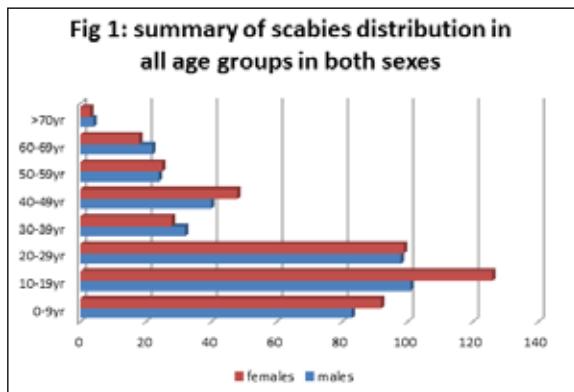
Table 2: sex distribution of scabies cases

Group	No of patients	Percentage
Males	404	4.26
Females	439	4.66

Discussion: The present study indicated a high frequency of scabies in patients presenting to a dermatology clinic RIMS Kadapa. However, our data show that scabies is common in patients presenting to a dermatology clinic, and this finding may be used as an indicator of the general population. In addition, scabies was common in, whose numbers have increased considerably in the last years.

Table 3: age distribution of scabies cases

Age distribution	No of cases	Total Percentage
0-9	175	20.75
10-19	227	26.9
20-29	197	23.3
30-39	60	7.1
40-49	88	10.4
50-59	49	5.8
60-69	40	4.7
>70	7	0.83



Scabies has been considered to be a public health problem in the developing countries for decades; however, there has been little progress in the control on a global scale.⁹⁻¹¹. The prevalence of scabies was 9.7% study done in goa, india¹² where as in present study the prevalence was 8.9%. The prevalence of scabies in school children aged 6-15yrs was 8.2%, study done in north Karnataka¹³

CONCLUSION:

In conclusion, scabies frequency was high in the studied population, and there is possibility of outbreaks and future endemicity. Mass treatment of scabies either by oral ivermectin or topical permethrin is suggested. Contact tracing is an important approach for scabies control and prevention

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