



Scabies

疥疮



Changi
General Hospital

SingHealth

What is scabies?

A tiny mite has infested humans for at least 2,500 years. It is often hard to detect and causes a fierce, itchy skin condition known as scabies.

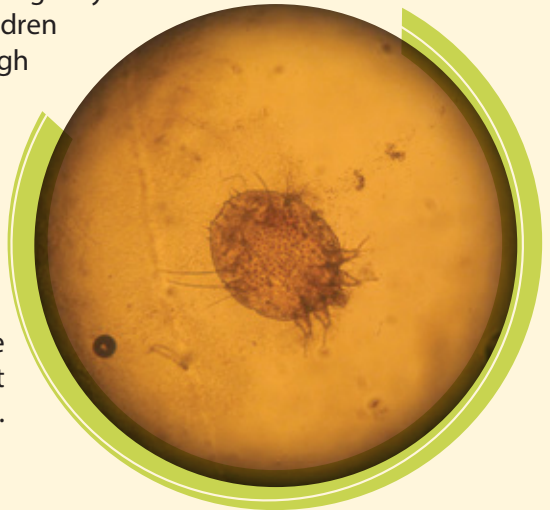
Dermatologists estimate that more than 300 million cases of scabies occur worldwide every year. The condition can strike anyone of any race or age, regardless of personal hygiene. But there is good news: with better detection methods and treatments, scabies need not cause more than temporary distress.

More than an itch: how scabies develops

The microscopic mite that causes scabies can barely be seen by the human eye. A tiny, eight-legged creature with a round body, the mite burrows within the skin. Within several weeks the patient develops an allergic reaction. This results in severe itching, often intense enough to keep sufferers awake all night.

Human scabies is almost always caught from another person by close contact – it could be from a child, a friend, or another family member. Dermatologists, who frequently treat patients with scabies, point out that scabies is not a condition afflicting only low-income families, neglected children or those with poor hygiene. Although more prominent in crowded living conditions and places with poor hygiene – everyone is susceptible.

Scabies skin mite
is about 0.4mm, just
visible to the human eye.



Attracted to warmth and odour, the female mite burrows into the skin, lays eggs and produces secretions that cause allergic reactions.

Larvae or newly hatched mites travel to the skin surface, lying in shallow pockets where they will develop into adult mites.

If the mite is scratched off the skin, it can live in bedding up to 24 hours. It may be up to a month before a newly infested person will notice the itching, especially in people with good hygiene and those who bathe regularly.

What to look for

The earliest and most common symptom of scabies is itching, especially at night. Early on, little red bumps, like hives, tiny bites or pimples appear. In more advanced cases, the skin may be crusty or scaly.

Scabies prefers warmer sites on the skin such as skin folds where clothing is tight. These areas include the skin between the fingers, on the elbows or wrists, buttocks or belt line, around the nipples and on the penis. Mites also tend to hide in or on the skin under rings, bracelets or watchbands, or under the nails.



In children, the infestation may involve the entire body, including the palms, soles and scalp. The child may be tired and irritable as a result of loss of sleep from itching or scratching all night long.

Bacterial infection may occur secondarily with scabies due to scratching. In many cases, children are treated because of infected skin lesions rather than for the scabies itself. Although treatment of bacterial infections sometimes provides relief, recurrence is almost certain if the scabies infection is not treated.

Crusted scabies

Crusted scabies is a form of the disease in which the symptoms are far more severe than usual. Large areas of the body, including hands and feet, may be scaly and crusted. These crusts hide thousands of live mites and their eggs, making treatment difficult because medications applied directly to the skin may not be able to penetrate the thickened skin. This type of scabies occurs mostly among the elderly, in some AIDS patients or in people whose immunity is decreased. These cases are extremely infectious.



Diagnosis

A thorough head-to-toe examination in good lighting, with careful attention to skin crevices, will usually be recommended and performed at our skin clinic.

Many cases of scabies can be diagnosed by dermatologists without special tests. To confirm scabies, the dermatologist can perform a painless test that involves applying a drop of oil to the suspected lesion. The site is then scraped and transferred onto a glass slide which is then examined using a microscope. A diagnosis is made by finding scabies mites or their eggs.

Who is most at risk?

Scabies is most common in those who have close physical contact with others, particularly children, mothers of young children and elderly people in nursing homes.

All in the family

Studies of families have shown that children under two years of age are most at risk, followed by mothers and older female siblings, and then by other family members who have frequent and close physical contact.

Scabies among elderly residents of nursing homes and extended care facilities has become a common problem due to delayed diagnosis since it can often be mistaken for other skin conditions. The delay allows time for scabies to spread to nursing home staff and other residents. Because residents require assistance in daily living activities, this regular contact provides an opportunity for the scabies mite to spread from the resident to a staff.



What are the medications to treat scabies?

These include benzyl benzoate emulsion, malathion and permethrin. For infants and young children, crotamiton and permethrin are preferred.

How should the medication agent be applied?

- Immediately after a shower, apply the lotion to the whole body from neck downwards, even to the unaffected areas. Do not forget the soles, armpits, genitals and other body folds. Do not apply on the face.
- Do not wash away the lotion until the instructed time for application is complete.
- To eradicate any mites in the family, all clothing should be washed in hot water and then sunned. Bed linen, pillowcases, pillows, mattresses should be dusted and sunned.



- For infants and children, five per cent permethrin cream is applied to the skin from head-to-toe at bedtime, and washed off the next morning. Dermatologists recommend that the cream be applied to cool, dry skin, over the entire body (including the palms of the hands, soles of the feet, groin, under finger nails, and the scalp in small children) and left on for 8 to 14 hours.
- A second treatment one week later may be recommended for infants with scabies of the palms and soles, or if new lesions appear after treatment.

- The only reported side effect of five per cent permethrin cream is a mild, temporary burning and stinging, particularly in bad cases of scabies.
- All lesions should be healed within four weeks after the treatment. If a patient continues to have trouble, he or she may be getting re-infested and require further evaluation and treatment by a dermatologist. Antihistamines and steroid creams may be prescribed to relieve itching, which can last for weeks.

Is it necessary to treat family members?

The critical factor in the treatment of scabies is to eradicate the mite. Each individual in the family or group, whether itching or not, should be treated. The entire community at risk must be treated to stop an epidemic of scabies.

In a family, all members should be treated at the same time, as well as others who are in close contact, such as close friends, and sometimes day care or school classmates.

Scabies in institutions like nursing homes can be kept to manageable levels by routinely examining patients and conducting thorough skin examinations of all new residents. The most successful, cost-effective approach is to treat all patients and health care personnel at the same time. Bedding and clothing must be washed or dry-cleaned.

Eradicating scabies

Successful eradication of this infestation requires the following:

- See a dermatologist as soon as possible to begin treatment. Remember, although you may be disturbed at the thought of bugs, scabies is no reflection on your personal cleanliness.
- Treat all exposed individuals whether obviously infested or not. Incubation time is six to eight weeks so symptoms may not show up for a while. If you do not treat everyone, it is as if you were never treated.
- Apply treatment to all skin from neck to toe. If you wash your hands after application, you need to reapply the medication to your hands again.
- Wash all personal items. The mite is attracted to odour. Wash all the laundry. Cleaned clothes hanging in the closet or folded in the drawers are unaffected.
- Items you do not wish to wash may be placed in the dryer on the hot cycle for 30 minutes.

- Items may be dry-cleaned.
- Insecticide spray may be used on items which are not laundered such as belts, shoes, purses, etc.
- Pets do not need to be treated.
- Carpets or upholstery do not need to be treated though some people may prefer to clean high traffic areas.
- Itching may persist for two or more weeks after successful eradication of the mite.
- Items may also be placed in plastic bag and placed in the garage for two weeks. If the mites do not get a meal within one week, they die.
- Vacuum the entire house and discard the bag, just to be on the safe side.



What NOT to do

- Don't attempt to treat scabies with home remedies. Scrubbing with laundry detergent or hard soaps, or applying kerosene will only make the condition much worse.
- Don't use steroids or any other creams unless prescribed by a dermatologist.
- Don't repeat the treatment more than twice unless specifically instructed by a dermatologist.

什么是疥疮？

它是一种由疥螨引起的皮肤病，据记载，已经感染人类至少有2,500年之久。它不但很难被发现，而且还会造成一种刺痒难当的皮肤症状。

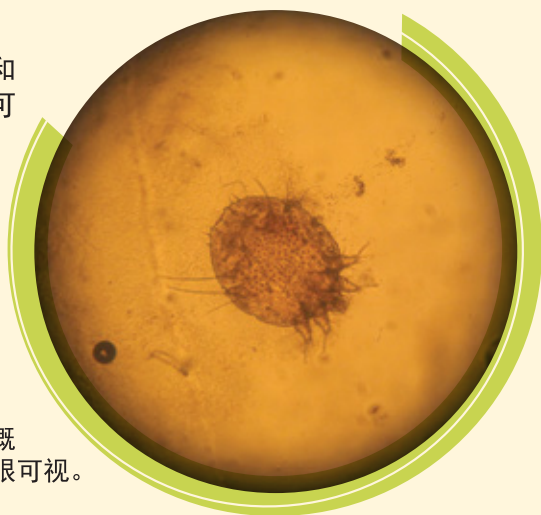
据皮肤专家估计，全球每年疥疮病案例超过3亿。它不分种族，年龄和个人卫生，任何人都可能受到感染，但及早发现与治疗，疥疮不会造成长期的不适。

不仅是痒：疥疮病情是怎样发展的

造成疥疮的螨虫非常微小，肉眼几乎看不到。微小的螨虫有着八只脚和圆圆的身体，藏在人的皮肤里。几个星期内，病患就会有过敏反应，造成皮肤强烈刺激和搔痒，令病患辗转难眠。

人类疥疮几乎都是通过和他人的近距离接触而感染的，可能是从孩子，朋友或其他家庭成员那里传染的。

尽管疥疮病例在拥挤的居住环境和较差的卫生条件下较多，人人都可能会受到感染。



引起疥疮的螨虫大概
0.4mm，为人类肉眼可视。

疥螨虫受温暖和气味吸引，雌性螨虫藏入皮肤，产卵，释放分泌物造成皮肤过敏的反应。

初生的幼螨来到皮肤表面，在皮肤的浅坑里隐藏直到长成成虫。

如果螨虫被从皮肤脱落，它可以在床褥中存活24小时。初被感染的患者可能需要一个月才会感觉皮肤刺痒，尤其是那些注意个人卫生和每天沐浴的人。

疥疮的症状

疥疮最早最常见的症状是痒，尤其是在夜间。早期症状包括：小红丘疹，像荨麻疹，咬痕或小痘。感染后期，皮肤出现硬皮或呈磷片状。

疥疮常出现在皮肤的温热处，例如衣服比较紧和皮肤褶皱处。还包括指缝间，胳膊肘，手腕部，腰部，乳头或阴茎周围。螨虫也喜欢藏在戒指，手镯及表带下的皮肤，或是指甲缝里。



儿童患者的感染可能播及全身，包括手掌，脚心和头皮。儿童可能会因整晚搔痒而失眠，因而疲倦和易怒。

因搔痒引起的细菌感染可能会随着疥疮而发生。许多病患儿童接受治疗是因为皮肤细菌感染发炎，而不是因为疥疮疾病本身。虽然治疗细菌感染有时会减少症状，但如果疥疮感染没有得到治疗，复发是必然的。

疥疮硬化

疥疮硬化是病症极为严重的表现。大面积的身体，包括手和脚的皮肤都变成磷片状或硬化。这些硬皮藏埋了成千上万的活螨虫和虫卵。涂在皮肤的药物可能无法穿透硬皮，这使治疗极为困难。这种疥疮通常发生在老人身上，一些爱滋病患者或免疫力低下的人身上。这些患者都极具传染性。



诊断

许多情况下，皮肤专家只须要做彻底的身体检查，可以不用做特别的测试，就可诊断出疥疮。为了确诊，皮肤专家可以做一个无痛的检验，包括滴一滴油到病变处的皮肤，然后小心刮下来移到玻璃镜片上，用显微镜观察。一旦发现疥螨或其幼虫，就可以确诊了。

谁的风险最大？

疥疮在那些和其他人有近距离肢体接触的人群中最普遍，特别是儿童，有幼儿的母亲和老人院的老人们。

全部家庭成员

研究显示两岁以下的儿童风险最大，然后是母亲们，其次是年长些的姐姐，那些有频繁亲密肢体接触的其他家庭成员。

在老人院和其他延伸的护理机构里，由于常易和其他皮肤病混肴而延误诊断，疥疮变成一个普遍的问题。延误诊断使疥疮有机会传染到老人院员工和其他老人。由于老人们需要日常生活起居和照料，这种定期接触给疥疮螨虫在老人到员工之间的传播提供了一个很好的机会。



哪些药物可以用来治疗疥疮？

药物包括benzyl benzoate 乳液，malathion 和 permethrin。对婴儿和年幼儿童，医生更为常用的是 crotamiton or permethrin。

怎样敷用药呢？

- 冲完凉后马上涂抹乳液，顺序是从颈部向下至全身，包括没有被感染的地方，不要忘记涂抹脚心，腋下，生殖器部位和其他身体褶皱处。切记勿涂抹在脸上。
- 保留乳液到第二天晚上，不要冲洗掉。手上的乳液需在每次洗掉后即刻涂上，按要求重复。



- 为了根除家里的螨虫，需要用热水洗涤所有衣物，日晒干。床褥，枕头，枕套，床要应予以除尘和暴晒。
- 对于婴儿和儿童使用 5%permethrin 乳霜，用法是在临睡前从头到脚涂抹。需要第二日清晨再洗掉。皮肤专家建议药膏要擦在凉爽干燥的皮肤上，包括整身皮肤（手掌，脚心，腹股沟，指缝和幼儿头皮并保持8到14个小时。
- 如果治疗后又发现新的病变，医生可能会在一个礼拜后，给婴儿做第二次治疗。

- 5% permethrin 药膏可能会造成暂时的烧灼刺痛感，特别是发生在那些疥疮较严重的患者身上。
- 在接受治疗后，所有患者4周之内都会痊愈。如果病情没有好转，他/她可能被再度感染，需要皮肤专家做进一步地评估和治疗，医生可能会使用抗组胺抑制剂和类固醇药物来缓解搔痒，可需要几个礼拜才会病愈。

家庭成员是否需要一起接受治疗？

治疗疥疮的根本因素在于根除螨虫。和患者有接触的家庭或社区成员不管有没有开始搔痒病状，都需要接受治疗。

家庭中所有成员都要同时接受治疗，包括那些密切来往的好友，有时还包括日间护理中心的成员或学校的同学。

根除疥疮

成功根除疥疮病患包括以下几点：

- 尽早求助于皮肤病专家开始治疗。需知：是否受螨虫感染，和个人卫生情况无关。
- 每一个疥疮患者，无论症状明显与否都要进行治疗。因患者病状出现前，潜伏期可以长达 6 到 8 个礼拜。因此如果不对每个人进行治疗，就会遗漏病例。
- 从颈部以下到脚趾，所有皮肤都需要治疗，包括手部和皮肤，洗过手后需马上擦回药膏。
- 因螨虫会受气味吸引，所以洗涤所有的个人用品以清楚异味。但那些储藏在衣柜里或折叠在抽屉里的干净衣服除外，那些是没受感染的。
- 那些你不希望清洗的物品，可置于干燥机里热烘30分钟。
- 有些衣服可以干洗。
- 喷雾杀虫剂可以用于那些不可机洗的物件，包括腰带，鞋子，钱包，等等。
- 宠物不必接受治疗。
- 地毯或内饰不必处理。
- 搔痒病状可能药持续到螨虫根除两个礼拜后。

- 物品可置于塑料袋中然后放入车库两个礼拜，因为螨虫如果一个礼拜没有食物会自行死亡。
- 为了安全起见，将整间房间吸尘，清理所有垃圾。



什么不要做？

- 不要用家用补救措施来治疗疥疮。用洗衣液或硬肥皂擦洗，或者擦拭煤油只会使情况更糟。
- 不要用除了皮肤病专家处方以外的任何类固醇药物或其他药膏。
- 除非皮肤病专家特别指示，否则不要重复治疗两次。



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Please do not disregard the professional advice of your doctor.