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Giornale Italiano di Dermatologia e Venereologia 2019 Apr 23

DOI: 10.23736/S0392-0488.19.06322-3

Article type: Letter to the Editor

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Article first published online: April 23, 2019

Manuscript accepted: March 14, 2019

Manuscript received: February 11, 2019

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Nodular scabies versus postscabies prurigo: a critical review of the literature

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Abstract: not required

Keywords: scabies; postscabies prurigo; infestation

Dear Editor,

We recently reviewed the literature about nodular scabies and we discovered that it is extremely confusing.¹⁻³¹ Nodular scabies is an uncommon clinical variety of scabies. It is characterized clinically by papules and nodules located mainly on the axillae, penis, scrotum, groin and buttocks. These lesions are round, reddish to brown in colour, up to 1.5 cm in diameter, accompanied by severe pruritus.¹ Microscopical, histopathological or dermoscopic examinations allow to observe mites or fragments of them, eggs or scybala. In particular, dermoscopy acquired in the last few years a great importance for the diagnosis.^{16,23,26} Permethrin and oral ivermectin are considered as the most effective treatments.^{1,31} More or less used synonyms of nodular scabies are persistent nodular scabies,⁷ persistent nodules in scabies,^{3,4,7,15} persistent scabious nodules,^{2,5,9} scabietic nodules^{10,20} and scabious nodules.¹⁴

Postscabietic nodules were first described in 1963 by Samman.² They are uncommon complications of scabies. In an Indian study, these nodules occurred in 29 out of 544 patients (5.3%) with previous scabies.⁹ Postscabietic nodules are caused by a delayed, chronic hypersensitivity reaction to antigens of the mite.^{10,15,18,19,21,22} The diagnosis of postscabietic nodules is possible when: a) there is a history of scabies which had been successfully treated; b) reddish-brown, large, round, papulo-nodular lesions are present (also in non typical locations for scabies). In the previously cited Indian study, scrotum (96.5% of patients) and penis (69%) were the commonest affected sites, followed by axillae (37.9%) and groins (17.2%);⁹ c) patients complain of severe pruritus; d) microscopical, histopathological and dermoscopic examinations are negative for mites or parts of them, eggs and scybala; e) specific anti-scabies therapy is ineffective and f) the disease may persist for weeks or months.¹⁵ Postscabietic nodules are more frequent in males^{9,10} and children.^{3,5,9,15} Recovery is possible by means of potent topical^{15,27} or intralesional corticosteroids.^{4,15,19,27} Pimecrolimus¹⁷ and tacrolimus^{25,27} are also sometimes effective. Cryotherapy²⁹ and surgical excision⁴ have also been used.

In 2011, Czeschik et al.²² suggested to separate nodular scabies, i.e. the infestation in the strict sense of the word, from postscabietic nodules, i.e. the chronic hypersensitivity reaction after scabies recovery. We totally agree with this division. However, as postscabietic nodules are not always only nodules, but often also papules.^{5,18,19,21-24,27,28} and in consideration of the clinical picture, we believe that the name “postscabies prurigo” is proper. In fact, this entity is characterized clinically by round, large, reddish-brown, papulo-nodular lesions, accompanied by severe pruritus. Clinical course is chronic-relapsing, with improvement by potent topical corticosteroids. In conclusion, postscabies prurigo is a true prurigo with a known aetiology.

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