Escabiosis tratamiento

Revision de Terapia de la escabiosis tomado del buscador DynaMed
Sitio de soporte EBSCO

Treatment overview:

- treat patient and close contacts
- topical agents
    - permethrin 5% (Elimite) cream or lotion, left on for 8-12 hours, is treatment of choice
        - see Medications below for alternatives
        - lindane (Kwell) use discouraged due to risk of neurotoxicity
    - apply to entire body from head to soles of feet, with concentration in groin area and under nails
    - treat entire head (face and scalp) in young children
    - more effective if applied after bathing
    - infants should wear cotton mittens to prevent eye contamination
- ivermectin (Stromectol) 200 mcg/kg PO once, repeated at 2 weeks if necessary, is reasonable second-line treatment, less effective than permethrin but more effective than other topical agents
- pruritus may be treated with
    - antihistamines, e.g. Benadryl or Atarax
    - topical steroids, e.g. 1% hydrocortisone cream in children, 0.1% triamcinolone cream in adults
    - oral steroids in severe cases (especially in atopic patients), e.g. 14-day tapering prednisone course
- treat secondary bacterial infections with antibiotics (e.g. Keflex)
- decontaminate clothing and bedding (including stuffed animals) with machine wash at 60 degrees C (140 degrees F) and hot dryer

Medications:

- treatment options according to The Medical Letter
    - drug of choice - topical 5% permethrin (Nix, Elimite, Lyclear); occasional side effects - burning, stinging, numbness, increased pruritus, pain, edema, erythema, rash
    - alternatives
        - ivermectin (Stromectol) 200 mcg/kg PO once; FDA approved but considered investigational, rarely causes hypotension
        - 10% crotamiton (Eurax) topically; occasionally causes rash or conjunctivitis
    - Reference - The Medical Letter 1998 Jan 2;40(1017):1, updated version available at The Medical Letter 2002 Apr
- recommended treatments in infants < 2 months old and pregnant and lactating women include permethrin, crotamiton, and sulfur in petrolatum (Principles and Practices of Dermatology, 2nd ed., 1996, pp. 205-213)
- individual agents (see next main bullet for comparisons)
    - 5% permethrin cream (Elimite) - drug of choice

        - note 1% dose available for pediculosis NOT appropriate for scabies (BMJ 2000 Jan 1;320(7226):37)
        - remove by bathing after 8-14 hours now also marketed as Acticin (Monthly Prescribing Reference 1998 Apr:A-22)
        - most common side effect is mild transient burning and stinging; other side effects are numbness, increased pruritus, pain, edema, erythema and rash
        - CNS adverse effects rare, with 1 case reported per 500,000 units of permethrin distributed from 1990 to 1995 (Arch Dermatol 1996 Aug;132(8):959)
    - ivermectin (Stromectol) 200 mcg/kg PO once
        - ivermectin effective; 55 young adults and children > 5 years old randomized to oral ivermectin vs. placebo, 79% vs. 16% were cured at 7 days (NNT 2, 95% CI 1-3) (Gac Med Mex 1993 May-Jun;129(3):201)
        - ivermectin 200 mcg/kg (given as scored 6-mg tablets) effective in uncontrolled trial of 120 adults with scabies, 101 patients (84%) completed the study, 89 were cured by 2 weeks, 3 more were cured by 4 weeks, 9 were cured with repeat dose at 4 weeks, household contacts given topical treatments (Int J Dermatol 1999 Dec;38(12):926
        - Reviews in Fam Pract 2000 Nov;25(9):24)
        - ivermectin 150-200 mcg/kg (2 Stromectol 6 mg tablets for 70-kg person) PO once promoted as treatment of choice in a letter to the editor (Arch Dermatol 1997 Oct;133(10):1314), but unexplained increased deaths occurred in 47 inpatients who had been treated with ivermectin, lindane, crotamiton and psychoactive drugs (Lancet 1997 Apr 19;349(9059):1144 , commentary can be found in Lancet 1997 Jul 19;350(9072):215, commentary can be found in Lancet 1997 Nov 22;350(9090):1551
        - 2 or 3 doses, separated by 1-2 weeks, may be needed for heavy infestation or immunocompromised patients
        - ivermectin not approved by FDA or Canadian or European authorities for use in scabies, but medically accepted (USPDI on drugs.com accessed 2003 Mar 4)
        - some recommend limiting ivermectin use to crusted scabies, large outbreaks in inpatient facilities, and nodular scabies
        - ivermectin 200 mcg/kg PO twice over 2 weeks reported effective in 32 of 33 nursing home residents with scabies, some had crusted scabies, all had failed topical treatments (Australas J Dermatol 1997 Aug;38(3):137)
        - ivermectin reported effective in 4 cases of crusted scabies resistant to topical therapy (Genitourin Med 1996 Apr;72(2):115, N Engl J Med 1995 Mar 2;332(9):612)
        - serious adverse effects with ivermectin rare in human use for onchocerciasis
            - 9% adverse reactions (2.4% moderate, 0.24% severe) in 50,929 persons monitored for 72 hours, 49 (0.1%) had severe symptomatic postural hypotension, 3 had life-

threatening dyspnea (Bull World Health Organ 1989;67(6):707)
        - 1.3% moderate adverse reactions (no severe reactions) in 7,699 adults (Lancet 1990 Jun 9;335(8702):1377)
        - adverse effects include convulsions and death (WHO Collaborating Centre for International Drug Monitoring. Reported Adverse Reactions to Ivermectin. Uppsala, Sweden, 2002)
    - review of ivermectin in scabies can be found in Am Fam Physician 2003 Sep 15;68(6):1089
- crotamiton 10% (Eurax)
    - apply thinly from neck down and massage nightly for 2 consecutive nights, and wash off 24 hours after second application
    - less effective than permethrin, similar efficacy to lindane
- precipitated sulfur 6% ointment in petrolatum (sulfur 2-10% in petrolatum)
    - apply nightly for 2-3 consecutive nights, wash off 24 hours after last application
    - cheaper than permethrin but not as easy or pleasant to use
    - about 1/4 patients using sulfur have local irritation
    - disadvantages include odor and staining on linens and clothes (Cortlandt Forum 1996 Jan;9(1):65,95-3)
    - preferred treatment in infants < 2 months old and pregnant and nursing women (Postgrad Med 1995 Dec;98(6):89 in QuickScan Reviews in Fam Pract 1997 Apr;22(1):17)
- benzyl benzoate
    - 10-25% lotions used in multiple regimens
    - variable effectiveness (as low as 50%) based on non-randomized trials, variable results may be due to different concentrations and mite resistance
    - can cause irritant dermatitis, especially in face and genital areas; increased pruritus and dermatitis is transient lindane 1% (Kwell, Scabene) - gammabenzene hexachloride
    - use discouraged due to neurotoxicity, seizures and aplastic anemia
    - lindane appears to be most toxic scabicidal agent, but adverse effects more common in children and patients with extensive skin disease
    - remove by bathing after 8-12 hours
    - do not apply after warm bath, since increased absorption may cause increased toxicity (Cortlandt Forum 1996 Jan;9(1):65,95-3)
    - limit prescription to 2 oz for adults
    - do not use in patients with extensive dermatitis, pregnant patients, or children < 2 years old because of increased risk of neurotoxicity
    - known resistance to lindane in North, Central and South America and Asia where it is used due to lower cost than Elimite
    - FDA issues warning about neurotoxicity with lindane, caution in patients weighing < 110 pounds (50 kg), not recommended in infants, contraindicated in premature infants (FDA Talk Paper 2003 Mar 28)

        - 870 cases of unintentional lindane ingestions reported in US from 1998 to 2003 (MMWR 2005 Jun 3;54(21):533)
    - sulfiram 25% lotion - mimics effect of disulfiram, so no alcoholic drinks for at least 48 hours
    - esdepallethrine 0.63% and malathion 0.5% lotion have insufficient evidence regarding safety and efficacy
    - malathion
        - cure rates > 80% at 4 weeks in case series
        - convulsions reported in 2 patients, no deaths reported comparisons of agents
    - **topical permethrin appears to be most effective treatment for scabies**
        - based on Cochrane review of trials with unclear allocation concealment
        - systematic review of 20 randomized trials evaluating drug treatments for scabies in 2,392 patients
        - only 6 trials reported adequate concealment of allocation
        - topical permethrin appeared more effective than
            - oral ivermectin in 1 trial with 85 patients
            - topical crotamiton in 2 trials with 194 patients
            - topical lindane in 5 trials with 753 patients
        - oral ivermectin associated with fewer treatment failures by day 7 compared to placebo in 1 trial with 55 patients
        - permethrin appeared more effective for reducing itch persistence than
            - crotamiton in 1 trial with 94 patients
            - lindane in 2 trials with 490 patients
        - comparisons with no significant differences (all topical treatments)
            - permethrin (synthetic pyrethroid) vs. natural pyrethrin-based topical treatment in 1 trial with 40 patients
            - crotamiton vs. lindane in 1 trial with 100 patients
            - lindane vs. sulfur in 1 trial with 68 patients
            - benzyl benzoate vs. sulfur in 1 trial with 158 patients
            - benzyl benzoate vs. natural synergized pyrethrins in 1 trial with 240 patients
        - no trials of malathion were identified
        - no serious adverse events were reported
        - adverse effects included skin reactions, headache, abdominal pain, diarrhea, vomiting, and hypotension
        - insufficient evidence on management of scabies at institutional or community level
        - Reference - systematic review last updated 2007 Apr 30 (Cochrane Library 2007 Issue 3:CD000320)
    - permethrin has less absorption and CNS concentration than lindane, estimated 40-400x lower risk of toxicity; based on guinea pig study (Arch Dermatol 1996 Aug;132(8):901) permethrin more effective than single-dose ivermectin; 85 patients (and their family contacts) were randomized to permethrin 5% cream overnight vs. ivermectin 200 mcg/kg PO, 97.8% vs. 70% clinical cure rates at 14 days (NNT 4), 100% vs. 95% cure rates after second dose at
    - 2 weeks (J Am Acad Dermatol 2000 Feb;42(2 Pt 1):236)

    - ivermectin appears more effective than lindane
        - ivermectin 150-200 mcg/kg PO once as effective as lindane 1% solution in adults with scabies based on randomized trial of 53 patients, 43 completed trial, 74% vs. 54% response rate at 2 weeks not significantly different (Arch Dermatol 1999 Jun;135(6):651 in J Watch 1999 Aug 15;19(16):131), editorial can be found in Arch Dermatol 1999 Jun;135(6):705, commentary can be found in Arch Dermatol 1999 Dec;135(12):1549
        - ivermectin had similar efficacy as lindane at 2 weeks but more effective at 4 weeks (NNT 3) in subsequent randomized trial with 200 patients (J Dermatol 2001 Sep;28(9):481)
    - ivermectin appears more effective than benzyl benzoate
        - 44 adults and children randomized to oral ivermectin vs. topical benzoyl benzoate, 70% vs. 48% clinical cure rates at 30 days, results were not statistically significant (Trop Med Parasitol 1993 Dec;44(4):331)
        - 58 adults and children randomized to oral ivermectin vs. topical benzoyl benzoate, 93% vs. 48% clinical cure rates at 30 days (NNT 2.2) (Trop Doct 2001;31(1):15)
- tea tree oil has in vitro efficacy against Sacroptes scabiei var hominis **(level 3 [lacking direct] evidence)** (Arch Dermatol 2004 May;140(5):563 in JAMA 2004 Aug 4;292(5):549)

Other management:

- treatment of crusted scabies
    - remove scales and crusts
    - trim nails
    - may require multiple scabicidal applications, so avoid lindane due to toxicity

Follow-up:

- child may return to day care once adequately treated
- if generalized itching persists > 1 week after treatment
    - may be due to hypersensitivity to dead mites and mite products some physicians recommend second treatment 7 days after first treatment if symptoms persist ▶ Prevention and Screening

Prevention:

- prophylactic treatment for household members recommended (and high risk contacts) treatment of asymptomatic close contacts of patients with scabies
- recommended due to long asymptomatic incubation period and high level of infectivity, no evidence available to directly evaluate such treatment (Solutions to Often-Asked Problems in Arch Fam Med 2000 May;9(5):473)
- isolation of crusted patient may be prudent

- avoid skin-to-skin contact with use of gloves and gowns by caregivers and nursing staff (CDC guidelines for infection control in hospital personnel in Am J Infect Control 1998;26:289)
- environmental decontamination
    - decontaminate clothing, bedding, towels and stuffed animals with machine wash at 60 degrees C (140 degrees F) and hot dryer
    - remove such items from any skin contact for 72 hours
    - thorough cleaning of patient's room and residence
- **recommended exclusion period from school until treated (grade B recommendation [inconsistent or limited evidence])**
    - topical treatment usually effective within 12 hours
    - see Causes and Risk Factors section for information on risk of transmission based on systematic literature review
    - Reference - Pediatr Infect Dis J 2001 Apr;20(4):380, correction can be found in Pediatr Infect Dis J 2001 Jul;20(7):653, commentary can be found in Pediatr Infect Dis J 2001 Dec;20(12):1184

Complications of cutaneous biopsies.

A prospective study looked at the frequency and predictive factors of complications which could result from diagnostic skin biopsies. A hundred ambulatory or hospitalized patients in a British university teaching hospital were assessed by the same investigator who systematically looked for a dehiscence, infection or hematoma. Bad scarring was observed in 29% of cases, almost always attributed to a superficial infection (27/29). The predictive factors were the location of below the waist, biopsies performed on the ward rather than in consultations, smoking and general corticotherapy. The factors that had no influence were age, gender, associated pathologies and the experience of the physician performing the biopsy. The biopsy technique (punch, shaving or an ellipse biopsy with a scalpel) and closing technique had not influence either, except for one: spindle biopsies are more frequently infected when no subcutaneous sutures are used. Of the 12 biopsies done on patients already being treated with antibiotics, 6 got infected anyway.

Rédacteur / Editor : Jean-Noël Dauendorffer

> Shyamal Wahie; Clifford M. Lawrence Wound Complications Following Diagnostic Skin Biopsies in Dermatology Inpatients Arch Dermatol. 2007;143:1267-1271.