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CASE REPORT OF COMPLICATED SCABIES IN AN IMMUNOCOMPROMISED PATIENT: CHALLENGES OF DERMATOLOGICAL DIAGNOSIS IN THE EMERGENCY ROOM SETTING

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INTRODUCTION

Scabies is a highly contagious ectoparasitosis caused by Sarcoptes scabiei hominis, prevalent in populations with poor hygiene conditions. It is transmitted by direct contact or by fomites. Clinically, it is characterized by intense itching and skin lesions located on warm areas of the body.

In immunosuppressed individuals, scabies can manifest atypically, leading to diagnostic doubts and serious complications such as crusted scabies.

OBJECTIVES

This paper aims to describe in detail the diagnostic process of scabies, highlighting the wide range of differential diagnoses and the criteria for distinguishing them in an Emergency Care Unit (UPA).

CASE DESCRIPTION

A.F.S, male, 51 years old, came to the UPA, reporting the appearance of skin lesions two months ago and starting to take corticosteroids. He said he had sought medical attention several times without success with the treatments he had taken.

Four days ago, he presented an exacerbation of the lesions associated with intense pruritus. Pathological history: grade III obesity, systemic arterial hypertension and decompensated insulin-dependent type 2 diabetes mellitus.

The lesions were predominantly found in the wrist and submammary folds, axillary regions, periumbilical area and external genitalia.

Clinical examination revealed multiple erythematous papules all over the body, sparing the face, hands and feet, associated with eczematous lesions forming plaques with irregular borders and precise boundaries, more prominent in furrows.

In addition, linear tubules, known clinically as "scabiotic tunnels", were noted, together with lesions of excoriation and erythema in the most affected areas.

There were no alterations in the complementary tests. In view of the characteristic clinical picture, the diagnosis of scabies associated with hyperinflammatory syndrome secondary to immunosuppression was questioned.

RESULTS

Differential diagnoses considered included psoriasis, pharmacoderma and bullous pemphigoid, which were ruled out on the basis of the clinical features observed.

The immunosuppressed state, due to decompensated diabetes and the use of corticosteroids, contributed to the severity of the scabies and the development of bacterial pyoderma.

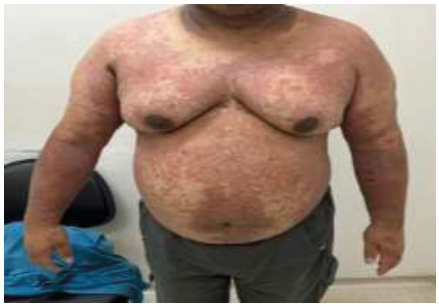

Image authorized by the patient mentioned in the clinical case.

CONCLUSION

The complexity of dermatological diagnoses requires careful assessments, and the lack of specialists in UPAs can be an obstacle. Implementing telemedicine and performing biopsies could optimize diagnosis and treatment.

REFERENCES