



Scabies

Scabies is a common skin infection that causes small itchy bumps and blisters due to tiny mites that burrow into the top layer of human skin to lay their eggs.

The burrows sometimes appear as short, wavy, reddish, or darkened lines on the skin's surface, especially around the wrists and between the fingers. A child who has contracted scabies can also develop a bumpy red rash.

Scabies is contagious, and is usually transmitted by skin-to-skin contact or through sexual contact with someone else who is infected with it. The infection spreads more easily in crowded conditions and in situations where there is a lot of close contact — like childcare centers or nursing homes. So if someone in your child's class or childcare group has scabies, it's wise to have your child treated for the infection even before he or she develops symptoms.

Signs and Symptoms

The most common symptom of scabies is severe itching, which may be worse at night or after a hot bath. A scabies infection begins as small, itchy bumps, blisters, or pus-filled bumps that break when you scratch them. Itchy skin may become thick, scaly, scabbed, and crisscrossed with scratch marks.



The areas of the body most commonly affected by scabies are the hands and feet (especially the webs of skin between the fingers and toes), the inner part of the wrists, and the folds under the arms. It may also affect other areas of the body, particularly the elbows and the areas around the breasts, genitals, navel, and buttocks.

If a child with scabies scratches the itchy areas of skin, it increases the chance that the injured skin will also be infected by bacteria. Impetigo, a bacterial skin infection, may occur in skin that is already infected with scabies.

Treatment

Scabies infections need to be treated by a doctor. Call the doctor or dermatologist any time your child has a skin itch or rash that will not go away, especially if the itch is worse at night and seems to center around the wrists or the webbed part of the fingers.

If scabies is suspected, the doctor may scrape a small part of the affected skin and examine the scrapings under a microscope for signs of scabies mites.

Doctors treat scabies by prescribing a medicated cream or lotion to kill the mites. The cream will need to be applied to the skin all over the body, not just the area with the rash, and usually must remain on the skin for 8 to 12 hours before it can be washed off. After applying it, don't wash your hands — scabies mites love the area between the fingers! You may want to apply the medication before your child goes to bed, then wash it off in the morning.

Most often, the treatment needs to be repeated in 1 week.

Because scabies can be sexually transmitted, sexually active teens with scabies should be examined for other sexually transmitted diseases (STDs) too. Any sexual partners will also need to be treated for scabies.

The doctor may prescribe antibiotics if your child develops a bacterial skin infection such as impetigo in addition to the scabies infection. The doctor may also prescribe an antihistamine to help relieve the itching and a cream like hydrocortisone to help the rash go away faster.

Once a child starts receiving treatment for scabies, it usually takes about 1 to 2 days for the itching to go away; however, sometimes the itching can last for a few weeks. If the treatment is effective there should be no new rashes or burrows after 24 to 48 hours.

Prevention

Direct physical contact — like holding hands — is the most common way to transmit scabies, but because the mites that cause scabies can live as long as 2 to 3 days in clothing, bedding, or dust, it's possible for your child to catch scabies from another person who shares the same infected bed, linens, or towels.

If someone in your family is being treated for scabies, all other members of the household should be treated, too. Clothing, sheets, and towels should be washed in hot water. Each room in the house should be vacuumed, and the vacuum cleaner bag should then be thrown away.

Reviewed by: Joel Klein, MD

Date reviewed: December 2008



Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2009 The Nemours Foundation. All rights reserved.