

Concurrent Scabies Incognito and Crusted Scabies With Scalp Lesions Masquerading as Erythrodermic Dermatitis

Philip R. Cohen MD

San Diego Family Dermatology, National City, CA

I read with interest the excellent report by Tolkachjov et al¹ that describes the delay in diagnosis of a scabies infestation in a 90-year-old woman. Her condition mimicked dermatitis not only on clinical presentation but also on evaluation of skin biopsies. In addition to erythroderma, she had hyperkeratotic crusted plaques on her groin, extremities, face, and scalp. The suspicion of an atypical presentation of scabies prompted her astute physicians to perform a mineral oil preparation of skin lesion scrapings that established the correct diagnosis when mites, eggs, and feces were observed; a skin biopsy was repeated, which also confirmed the scabies infestation when numerous mites were observed in the stratum corneum.¹

The term scabies surrepticius was coined in 2017 to provide a comprehensive designation of the multiple different atypical morphologic presentations of scabies mite infestation.² Scabies masquerading as either bullous pemphigoid,² malar erythema of systemic lupus erythematosus,³ nodules of prurigo nodularis,³ and pityriasis rosea⁴ have recently been reported as scabies surrepticius. Tolkachjov et al's¹ nonagenarian patient had several mite-associated features that masqueraded as other dermatoses; these included scabies incognito, crusted hyperkeratotic plaques, and lesions affecting the scalp and face—all three of these manifestations are subtypes of scabies surrepticius.²

Scabies incognito refers to the altered classic presentation and lesion morphology of the mite infestation in individuals who have received topical or systemic corticosteroid treatment of their scabies;⁵ Tolkachjov et al's¹ patient was receiving not only systemic corticosteroids but also mycophenolate mofetil. Their patient also had crusted hyperkeratotic plaques;¹ the crusted (Norwegian) scabies variant of scabies surrepticius often occurs in immunosuppressed individuals.⁶ Finally, the scalp is an uncommon site for scabies involvement; however, similar to the reported woman,¹ scalp mite infestation of scabies surrepticius is more prevalent in patients with either congenital or acquired deficiency of their immune system.⁷

In conclusion, patients who experience the classic presentation of scabies are often characterized by finger web burrows; however, the unifying term scabies surrepticius can be used to categorize individuals who develop atypical subtypes of mite infestations. In contrast to scabies in an immunocompetent person, scabies surrepticius not only masquerades as other dermatoses but also appears on the scalp and face—especially in immunosuppressed patients. A mineral oil preparation of skin scrapings or a skin biopsy or both may be helpful in establishing the correct diagnosis of scabies surrepticius in patients with suspected or established dermatoses that are recalcitrant to therapy.

References

1. Tolkachjov SN, Davis MDP, Yiannias JA. Crusted (Norwegian) scabies: nine-month course with iatrogenic immunosuppression. *J Drugs Dermatol*. 2018;17:1131-1133.
2. Cohen PR. Scabies masquerading as bullous pemphigoid: scabies surrepticius. *Clin Cosmet Investig Dermatol*. 2017;10:317-324.
3. Stiff KM, Cohen PR. Scabies surrepticius: scabies masquerading as pityriasis rosea. *Cureus*. 2017;9(12):e1961.
4. Werbel T, Hinds BR, Cohen PR. Scabies presenting as cutaneous nodules or malar erythema: reports of patients with scabies surrepticius masquerading as prurigo nodularis or systemic lupus erythematosus. *Dermatol Online J*. (in press).
5. Orkin M. Today's scabies. *JAMA*. 1975;233:882-885.
6. Kulkarni S, Shah H, Patel B, Bhuptani N. Crusted scabies presenting as erythroderma in a human immunodeficiency virus-seropositive patient. *Indian J Sex Transm Dis*. 2016;37:72-74.
7. Lia YC, Teng CJ, Chen PC, Chiou TJ, Liu CY. Unusual scalp crusted scabies in an adult T-cell leukemia/lymphoma patient. *Ups J Med Sci*. 2011;116:77-78.

AUTHOR CORRESPONDENCE

Philip R. Cohen MD

E-mail:.....mitehead@gmail.com