

(never into living tissue), where she deposits her eggs and feces. Scabies is transmitted primarily through prolonged close personal contact, and it affects persons regardless of age, sex, personal hygiene, and socioeconomic status. Scabies can be transmitted through sexual contact ([American Academy of Pediatrics, 2015](#)).

Clinical Manifestations

The inflammatory response causes intense pruritus that leads to punctate discrete excoriations secondary to the itching. Maculopapular lesions are characteristically distributed in intertriginous areas: interdigital surfaces, the axillary-cubital area, popliteal folds, and the inguinal region. There is variability in the lesions. Infants often develop an eczematous eruption; therefore, the observer must look for discrete papules, burrows, or vesicles ([Fig. 6-13](#)). A mite is identified as a black dot at the end of a minute, linear, grayish-brown, threadlike burrow. In children older than 2 years old, most eruptions are on the hands and wrists. In children younger than 2 years old, they are often on the feet and ankles. Children with limited communication ability such as Down syndrome may not complain of itching; therefore, they can get a severe infestation before it is recognized.



FIG 6-13 Scabies. (From McCance K, Huether S: *Pathophysiology: the biological basis for disease in adults and children*, ed 6, St Louis, 2010, Mosby/Elsevier.)

The inflammatory response and itching occur after the host becomes sensitized to the mite, approximately 30 to 60 days after