

INTRODUCTION

AND

PLAN OF WORK

INTRODUCTION

Scabies is the clinical name used to describe various types of cutaneous lesions caused by small mites belonging to the species Sarcoptes Scabiei (Blecka, 1980).

This disease has affected man for countless generations (Alexander, 1968). It prevailed among the Israelites, the Greeks, the Egyptians, the Romans, the Europeans and in modern times has been found all over the world (Alexander, 1969).

Its cause, mode of spread and suitable treatment have been known for 300 years, yet it continues as a common endemic disorder with periodic epidemic outbreaks (Orkin, 1971).

The Sarcoptes Scabiei Var hominis is an obligate parasite to humans (Estes, 1981). In other words, the mite itself has never been known to cause another disease (Burkhart, 1983).

Scabies is a highly contagious condition which has a characteristic history of spread from other family members, bedpartners or prolonged intimate contact with scabetic patient (Stewart et al., 1978).

Nocturnal itching is characteristic of scabies, but it shares this feature with various other pruritic dermatoses (Moschella, 1975).

The common form of scabies with excoriated, erythematous papules and nodules; eczematization; impetiginisation; and burrows, usually does not present any difficulty in the diagnosis (Orkin et al., 1976).

Common locations of the lesions are the hands, wrists, axillae, feet, ankles and waist.

Atypical and uncommon presentation of scabies may be difficult to diagnose (Orkin et al. 1975).

Diagnosis is made by obtaining scrapings and identifying the mite (Kavli, 1978).

The common form of Sarcoptes Scabiei infestation is due to an immune response elicited from the sensitized human host (Mellanby, 1944).

Treatment of scabies is now highly effective and simple. The ideal scabicide must kill both the parasites and their eggs (Wilson et al., 1977).

Gamma Benzene Hexachloride (Lindane) is the most effective therapeutic agent for scabies. It is available in cream or lotion. This drug is used extensively in U.S.A. (Orkin, 1978).

Other scabicides are sulphur 5-10% in petrolatum, 25% benzyl benzoate lotion, 10% crotamiton cream or lotion and topically applied thiabendazole.

The duration of epidemics of scabies is not constant, nor is the interval between epidemics. World wars, major depressions and population movements were the major factors leading to the two pandemics seen in the late 1910s and the mid 1940s. A more suitable term to apply to the differing incidence of scabies is "Fluctuations" (Andrews, 1979).

This study will include :

1. Historical review.
2. Taxonomy.
3. Morphology.
4. Habits.
5. Life cycle.
6. Clinical picture.
7. Immunology.
8. Diagnosis.
9. Epidemiology.
10. Treatment.
11. Control.