

INTRODUCTION

Scabies is one of the most frequent pruritic dermatosis encountered by the physician. The disease is caused by the itch mite Sarcoptes scabiei (Andrew s, 1990). The parasite favours areas with low concentration of pilosebaceous units and a thin stratum corneum (Madsen, 1965).

This mite is very similar to the other species of the same genus that infest dogs, cats, rabbits, horses, cattle and pigs. Human infestation with the mite is wide-spread in the tropics. In Egypt, scabies has a considerable prevalence in some governorates (Abo-Shady et al., 1985).

The disease usually affects one or more members of the family or some of the close contacts to the patient and is characterized by intensive itching, presence of excoriated papules, pustules and cutaneous burrows (Rook, 1979). These manifestations occur after an incubation period which varies from less than one month to two months. Persons who have never had scabies before may carry the mite at this incubation period before the occur of scabietic lesions and can transmit the disease (Mellanby, 1972).

Generally speaking, an immune response to some arthropods dermatitis, allergy and neurosis can be induced as a result of exposure to attenuated amount of their secretions, excretions and body constituents (Schnitzker, 1974). The cellular and humoral response to scabies have been studied by several authors but with contradictory results (Falk, 1980).