Human Ectoparasites: Scabies, Lice in Athletes

Background
1. Typically spread via prolonged skin to skin contact, less commonly by fomites

Pathophysiology
1. Pathology of disease
   o Sarcoptes scabei
   o Pediculus humanus capitis, corporis, or pubis
2. Risk factors
   o Sharing clothing, towels, equipment

Diagnostics
1. History
   o Scabies: intense pruritis and excoriation along waist line, perineum, axilla, between fingers
   o Lice: pruritis and excoriation
2. Physical exam
   o Scabies: characteristic burrows between fingers and flexor aspects of wrists and elbows
     ▪ Papules or vesicles may also been seen
   o Lice: direct visualization of organism
3. Diagnostic testing
   o Scabies: skin scrapings and microscopic visualization
   o Lice: direct visualization of organism

Differential Diagnosis
1. Insect bites
2. Atopic dermatitis
3. Contact dermatitis
4. Psoriasis

Therapeutics
1. Scabies:
   o Topical anti-scabietic agents:
     ▪ Permethrin cream: apply from chin down, leave on for 8-14 hours, then rinse
     ▪ Lindane: apply to area, leave on for 8-12 hours, then rinse
   o Oral
     ▪ Ivermectin 200mg/kg x1 dose
     ▪ Repeat in 2 weeks.
2. Lice:
   o Topicals: retreatment in 7-10 days to kill newly hatched organisms
     ▪ Permethrin
     ▪ Pyrethrins
     ▪ Malathion
     ▪ Lindane
   o "Nit combs" to physically remove the eggs
Prevention
   1. Do not share equipment, towels, or clothing

References

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