Ectoparasites

Invertebrate animal

Exoskleton, segmented body, jointed limbs

Sarcoptes scabiei

Disease:

Mites burrow into stratum corneum and cause scabies—pruritus (worse at night) and serpiginous burrows (lines) often between fingers and toes

Transmission:

Common in children, crowded populations (jails, nursing homes); transmission through skin-to-skin contact (most common) or via fomites.

Treatment:

Permethrin cream, oral ivermectin, washing/drying all clothing/bedding, treat close contacts

Pedicularis capitis and pedicularis corporis

Disease:

Blood-sucking lice that cause intense pruritus with associated excoriations, commonly on scalp and neck (head lice), waistband and axilla (body lice), or pubic and perianal regions (pubic lice).

Transmission:

Body lice can transmit Rickettsia prowazekii (epidemic typhus), Borrelia recurrentis (relapsing fever), Bartonella quintana (trench fever).

Treatment:

Pyrethroids, malathion, or ivermectin lotion, and nit combing (below picture). Children with head lice can be treated at home without interrupting school attendance

Cimex lecticularis

Disease:

Bed bugs. Blood-feeding insects that infest dwellings. Painless bites result in a range of skin reactions, typically pruritic, erythematous papules with central hemorrhagic punctum. A clustered or linear pattern of bites seen upon awakening is suggestive. Diagnosis is confirmed by direct identification of bed bugs in patient’ s dwelling.

Transmission:

Bed bugs can spread among rooms; cohabitants may exhibit similar symptoms. Infestations can also spread via travelers from infested hotels and the use of unwashed, used bedding.

Treatment:

Treatment: bites self resolve within 1 week. Eradication of the infestation is critical