

## IMAGES IN CLINICAL PRACTICE

**NODULAR SCABIES IN AN INFANT - A CHALLENGING DIAGNOSIS**Laura Leite de Almeida<sup>1</sup>, Tomás Ferrão<sup>2</sup>, Rita Alvelos<sup>2</sup>, Luís Santiago<sup>3</sup>, Marisol Pinhal<sup>2</sup>.<sup>1</sup>Department of Pediatrics, Centro Hospitalar Universitário de São João, Porto, Portugal,<sup>2</sup>Department of Pediatrics, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal,<sup>3</sup>Department of Dermatology, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal.**KEYWORDS**

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A 6-week-old male infant was brought to the emergency department with a three-day history of irritability, decreased food intake, and a polymorphic skin eruption. He had no significant medical history, was exclusively breastfed with good weight gain. None of his family members had similar symptoms or lesions. The infant was in good general condition. Skin examination revealed an erythematous base with scattered vesicles, pustules, and papules. The lesions were more prominent on the scalp, back, and abdomen, including the neck, inguinal, and axillary regions (Figure 1). Blood parameters were within reference ranges for age, with no increased inflammatory markers. Nevertheless, due to the exuberance of the lesions, a bacterial infection was suspected, and intravenous flucloxacillin was initiated. The following day, the infant presented with new lesions, and nodular scabies was suspected. The delta-wing jet sign observed on direct dermoscopy confirmed the diagnosis (Figure 2). The patient and his parents were treated with topical 6% sulfur ointment for three consecutive days, repeated after seven days. In the follow-up evaluation four days after completing treatment, the infant presented with additional lesions on his back. His aunt had been taking care of him in the previous days, and neither she nor her family had been treated. The patient and all his close contacts underwent two more cycles of treatment, with complete resolution of the lesions.

**Figure 1A and 1B.** Lesions in the torso: scattered vesicles, pustules, papules and nodules in an erythematous base.

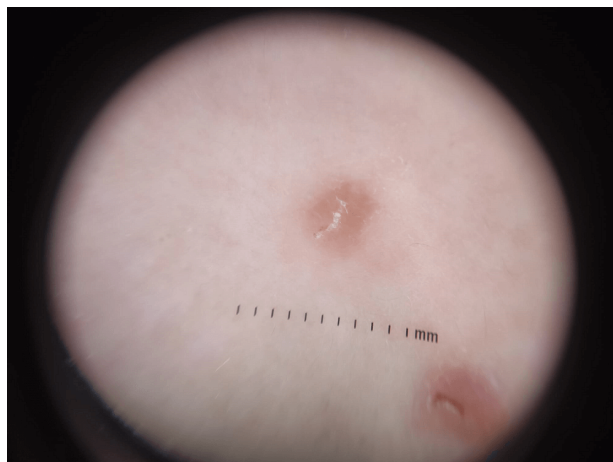


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**Figure 2.** Dermoscopy of the lesions: delta-wing jet sign, a triangular structure at the end of the central S-shaped burrow.

**What is the Diagnosis?**

Scabies is a global public health concern.<sup>1,2</sup> Its diagnosis is challenging, especially during infancy, as it may present atypically. In adults and older children, it usually involves the hands and feet.<sup>1</sup> In young children, it can manifest as papules and pustules on the head and trunk, as seen in this case.<sup>1,2</sup> Visualization of mites or the delta-wing jet sign in dermoscopy can confirm the diagnosis.<sup>1</sup> Higher organism loads are present in infants, making them highly efficient vectors.<sup>1</sup> Therefore, prompt diagnosis is critical in preventing the spread of mites and avoiding complications. Effective treatment of all close contacts and careful follow-up are important for a positive outcome.

**Compliance with ethical standards**

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**Conflict of Interest:** None

**References:**

1. Brockman R, Leitenberger S. Review of Scabies Infestation and Selected Common Cutaneous Infections. *Pediatr Rev.* 2021;42:21-30.
2. Hill TA, Cohen B. Scabies in babies. *Pediatr Dermatol.* 2017;34:690-694.