Erythroderma secondary to crusted scabies

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DESCRIPTION
A man aged 45 years with known case of psoriasis on remission presented with generalised erythema and scaling for 1 month. History of self-prescribed steroid, antibiotics, topical salicylic acid formulations led to only temporary relief. On examination, diffuse, hyperkeratotic, yellow scales were noted on an erythematous base, covering 95% body surface area (BSA) (figure 1). A provisional diagnosis of psoriatic erythroderma was made. During workup, 10% potassium hydroxide (KOH) mount of scales revealed 5–6 scabies mites/high power field (figure 2). The hyperkeratotic plaques cleared over trunk and lower limb in morning and 2.5 months (figure 1). A provisional diagnosis of psoriatic erythroderma was made. During workup, 10% potassium hydroxide (KOH) mount of scales revealed 5–6 scabies mites/high power field (figure 2). The hyperkeratotic plaques cleared over trunk and lower limb. Side by side potassium hydroxide mount can easily establish the diagnosis of crusted scabies.

Learning points

► Crusted scabies is characterised by generalised itchy, hyperkeratotic yellowish scales.
► It can sometimes be mistaken for erythrodermic psoriasis.
► A bedside potassium hydroxide mount can easily establish the diagnosis of crusted scabies.

Figure 1 (A and B) Diffuse, hyperkeratotic scales, fissures with bleeding and erosion on an erythematous base, present over trunk and lower limb.

Figure 2 (A and B) Microscopy of mineral oil preparation of scales obtained by scraping revealed mites of Sarcoptes scabiei var. hominis (red arrow) and eggs (black arrow).

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