

Scabies

CATEGORY:

Infestations

LOOKS LIKE:

Red bumps, purple-grey bumps in darker skin tones, scratch marks, burrow marks

FEELS LIKE:

Itchy

OUTLOOK:

Infectious; treatable

LOCATION:

Can affect anywhere on the skin; less commonly involves the face and neck except in infants, elderly, and immuno-compromised people



WHAT IT LOOKS LIKE —



Burrows on the palm



A burrow on the toe



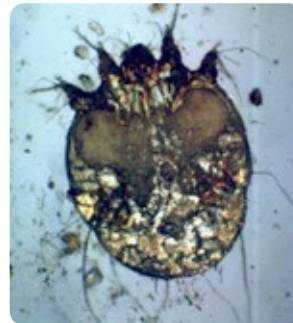
Scabies nodules (bumps) in the armpit



Spots, bumps and small blisters between the fingers



Scratch marks and scaling between the thumb and finger



A scabies mite seen down a microscope

What is it?

Scabies is an itchy, contagious skin disease caused by mites (a type of tiny bug) called *Sarcoptes scabiei var. hominis*.

The mite digs (burrows) into the top layer of the skin and lays eggs, causing an itchy skin reaction. In a typical infestation, there are often around 10–15 mites.

Anyone can get scabies. It is common in children, teenagers, young adults, and the elderly.

You may be more likely to get scabies in tropical areas or developing countries, in crowded conditions and shared living situations, or if you have a weakened immune system.

Scabies

CAUSES —

Scabies mites can be passed on through physical touch, or sometimes through sharing fabrics and soft furniture such as towels or bedding.

In children, scabies can be spread by playing closely together. In young adults, it is often spread through sexual activity.

SYMPTOMS —

Due to the mite's life cycle, symptoms may not actually start for up to 6 weeks after you catch scabies, especially if you have never had it before. This is why all close contacts should be treated.

- Skin changes may include red bumps, scratch marks, larger lumps, crusting, and 'burrows'. Burrows are thread-like marks, often seen in web spaces eg, between fingers.
- In darker skin types, a purple or grey tone rather than redness may be seen. Burrows may look pale.
- Hands, feet, wrists, armpits, nipples, buttocks, thighs, and genitals are often affected.
- Scabies is often very itchy, especially at night. The itching can continue for a few weeks even after treatment, which is called post-scabetic itch.

INFESTATIONS

COMPLICATIONS —

- Sleep disturbance due to night-time itching.
- Psychological stress.
- Infections from bacteria getting through irritated skin.
- Widespread hives/wheals/urticaria.
- Crusted scabies: severe form seen in people with a weak immune system, where thousands of mites cause widespread skin scaling & crusting.

DIAGNOSIS —

Scabies is usually diagnosed by a healthcare professional asking some questions and examining the skin, often using a handheld magnifying tool (dermatoscope). Sometimes, skin samples (eg, scrapings) are taken to view under the microscope, looking for signs of scabies mites.

TREATMENT —

All close contacts, like household members or sexual partners, should complete treatment **even if symptom-free**, as they may still carry and spread the mites.

Treatment to kill the scabies mites:

- Permethrin 5% cream/lotion (repeated 7–10 days later)
- Malathion 0.5% lotion or 25% benzyl benzoate emulsion
- Ivermectin tablets (if permethrin unsuitable)
- A combination of treatments may be needed for complications such as crusted scabies.

Antihistamines, mild steroid creams, moisturisers, and menthol creams can be used for itch, although won't get rid of the scabies itself.

To get rid of all the mites and stop it from coming back (reinfection), it is also important to:

- Hot wash and tumble dry sheets and all soft materials (eg, towels, clothes, and stuffed animals) used in the last 4 days. Scabies mites cannot survive longer than 4 days away from a human host.
- Seal non-washable items (eg, shoes) in a bag for ≥4 days at room temperature OR overnight in the freezer.
- Clean and vacuum rooms and soft furniture (eg, couches).

Stay home from work/school until the day after the first treatment. Check your child's daycare/school policy as this may differ.

OUTCOME —

Scabies generally responds well to treatment, although reinfection is common, especially if close contacts are not treated promptly and thoroughly. Itching can last for several weeks after treatment.



MORE INFORMATION —

<https://dermnetnz.org/topics/scabies>



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