

Pruritus sine materia? Scabies!

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To the Editor:

Pruritus sine materia is an important symptom caused by systemic diseases (cholestasis, chronic renal insufficiency, hypothyroidism, hematological diseases, iron deficiency) or psychiatric and neurological disorders [1-3]. In pruritus sine materia there is no evidence of primary cutaneous lesions.

In the period 1996-2019 we observed 23 patients for whom a previous diagnosis of pruritus sine materia were made at other dermatology centers. However, in all these patients we were able to prove a final diagnosis of scabies. The case list is made up of 23 patients, 9 males and 14 females, with an age ranging from 43 to 73 years (mean age: 53.3 years). All patients had been previously studied, treated, and followed at different dermatology centers in Italy and Switzerland. In all patients a diagnosis of pruritus sine materia was made because no lesions on the skin were visible. Furthermore, all laboratory tests were within normal ranges or negative. All patients had been unsuccessfully treated with topical and oral corticosteroids and systemic anti-histamines. In addition, one patient each was treated with capsaicin, naltrexone, cyclosporin, or narrow band UVB.

On admission to our dermatology unit, all patients complained of more or less widespread and severe pruritus. Dermatologic examinations were negative for burrows, papules, vesicles, nodules, and crusts in all patients; only some small excoriated lesions were visible in 9 patients (39.1%). Laboratory examinations revealed only mild increase of eosinophils in 5 patients (21.7%). Microscopic

examinations for the research of *Sarcoptes scabiei* var. *hominis* or its fragments or eggs were carried out in all patients in fourteen locations (chest, breasts, axillae, elbows, wrists, interdigital folds of the hands, subungual skin of fingers, abdomen, pubis, penis, scrotum, vulva, back and buttocks), as these are the most frequently involved areas in scabies [4], and in excoriated areas. The examinations were positive in 11 patients (47.8%). We decided to treat all patients, both those with positive microscopic examinations and those who were negative, by means of a regimen we recently suggested (5% permethrin cream: one application/day for two consecutive days; the treatment was repeated 7 days later), [5]. Complete recovery was observed in all patients. Follow-up (greater than or equal to 6 months) was possible in 17 patients and was negative in 15 of them.

We believe that all these patients, for whom a previous diagnosis of pruritus sine materia was made, were actually affected by scabies. In 11 patients, microscopic examinations allowed us to observe mites or eggs. In the other 12 patients, therapy with permethrin and the subsequent complete disappearance of pruritus, with a long follow up, also allowed us to make a diagnosis of scabies.

This variety of scabies is characterized by the absence of burrows as well as other typical lesions, such as papules, vesicles, nodules, and crusts. Only some small excoriated lesions caused by scratching are visible in a minority of patients. Nevertheless, pruritus is present in all patients, with different degrees of severity. This variety of scabies likely represents a variety that was named in the past

“scabies of the cultivated” [6,7], “scabies in the clean” [8], “scabies in clean persons” [9], or “scabies of the cleanly” [10]. This variety is observed in individuals who wash themselves very often or even are obsessed with cleanliness. This explanation was possible in 15 (56.5%) of our patients; it is possible that repeated cleanings mechanically destroys the burrows. Furthermore, this variety of scabies is very similar to another form described in Italy. Its observation was very common in Italy approximately 20 years ago and occurred almost exclusively in healthy, immunocompetent, heterosexual males aged between 18 and 55 years, who acquired the infestation after travel involving sexual activity. Dermatologic examinations revealed almost exclusively excoriations related to scratching,

without burrows and other typical scabies lesions. The search for the mite was positive in approximately 20% of patients [11]. It is possible that pruritus sine materia actually is, at least in some cases, a clinical variety of scabies. For this reason, we suggest that in all patients with pruritus sine materia, microscopic examinations or dermoscopy be performed. We also suggest a trial of specific anti-scabies treatment also in those patients with negative microscopic examinations. As previously mentioned, a complete remission of the disease was observed in 12 patients with negative microscopic examinations.

Potential conflicts of interest

The authors declare no conflicts of interest.

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