

Scabies

Definition: Scabies, tiny spiderlike mites, are highly contagious.

Clinical Signs: Primary clinical signs are acute onset pruritus and erythematous papules with a grayish-yellow crust. Predilection sites are pinna tips and margins, elbows, hocks, ventral chests and ventral abdomen. Self-trauma results in severe excoriation, lichenification and patchy alopecia.

Transmission: Transmitted primarily by direct contact and through contaminated grooming equipment, crusted fur, fomites and kennels.

Differential Diagnosis: Atopic dermatitis, cutaneous adverse food reaction, bacterial folliculitis, *Malassezia pachydermatitis* dermatitis, flea bite hypersensitivity and Cheyletiellosis.

Diagnosis: A positive pinna scratch reflex is highly suggestive of scabies. Diagnosis is confirmed by identifying mites, faecal pellets or eggs in skin scrapings. Several ELISA tests specific for IgG are available.

Treatment: Miticidal treatment of dog and its environment. Selamectin and imidacloprid spot on formulations. Milbemycin oxime (2mg/kg p/o for 3-5weeks) and Ivermectin (0.2-0.4mg/kg weekly p/o). Topical treatment is more consuming, requires clipping and/or bathing to remove hair and crusts and is not necessarily safer. Scabies mites have developed resistance to a number of organophosphate dips. Two dips that remain active against them are amitraz (brand name Mitaban) and 2 to 4 percent lime-sulfur (LymDip). Only lime-sulfur is licensed by the FDA to treat scabies in dogs. However, LymDip has an unpleasant odor, stains white coats, and can irritate the skin. Corticosteroids relieve severe itching and may be required for the first two to three days of treatment. Infected skin sores require oral and topical antibiotics. Adult mites can live for 21 days off the host. Treatment of the indoor environment is advisable to prevent recurrence.

