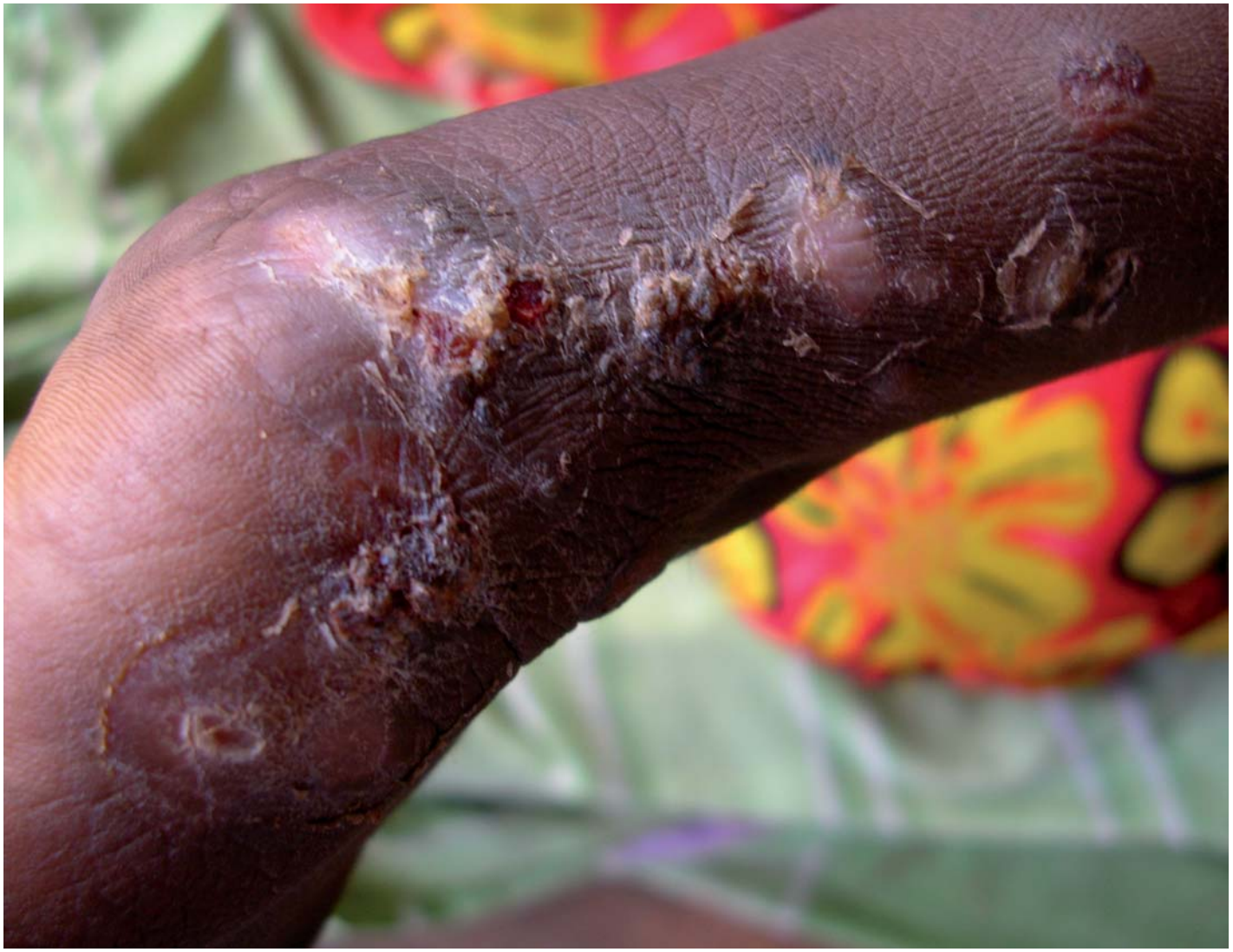
recognising & treating skin conditions

How to recognise and treat scabies, skin sores, tinea and other skin conditions in Aboriginal and Torres Strait Islander people

2009 Edition

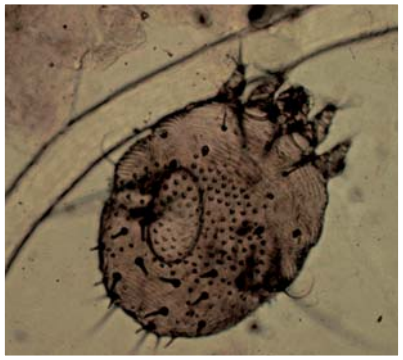
Skin Infections

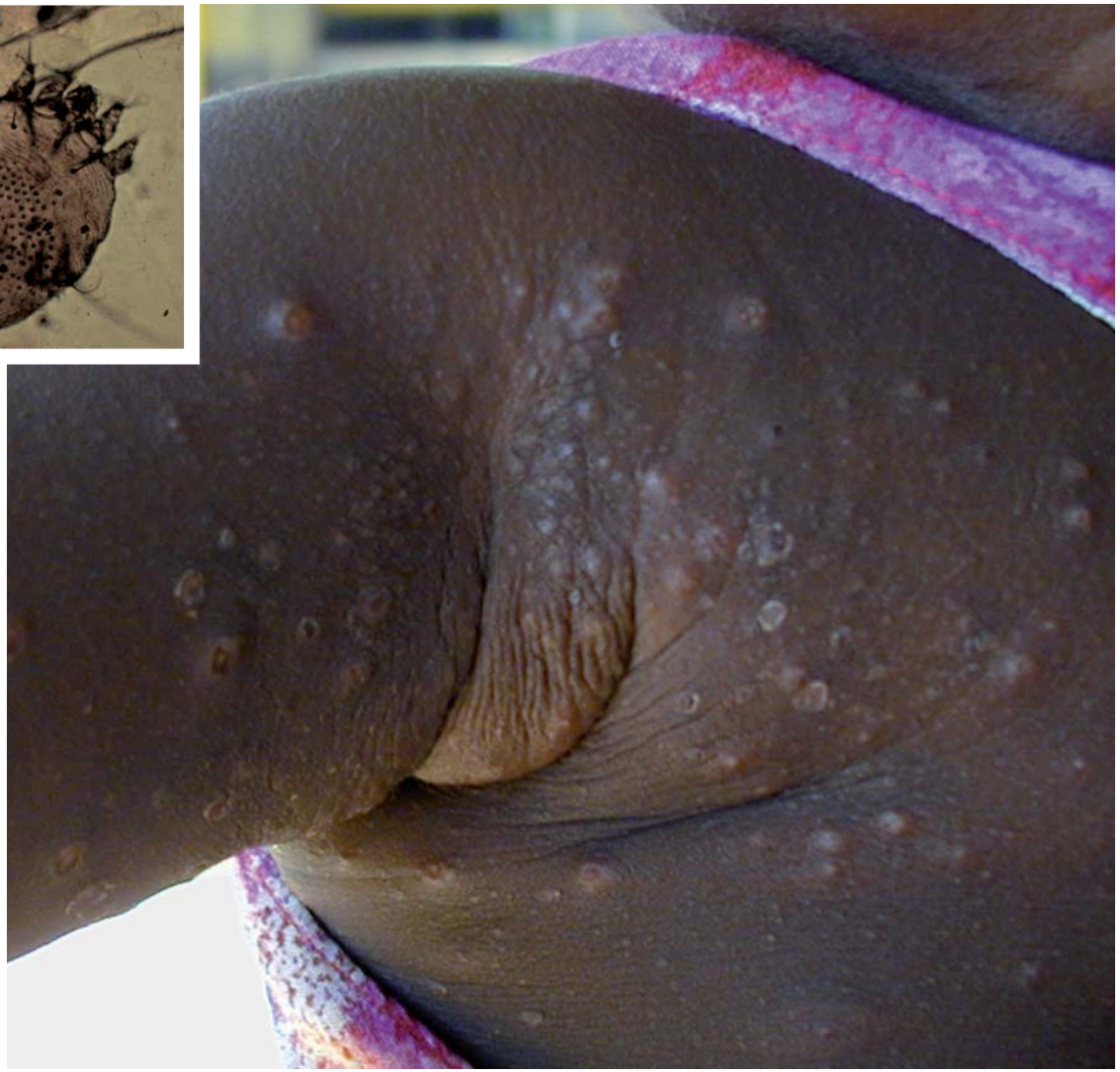
Skin infections can be reduced by the washing of children every day in the bath or shower and by swimming, and by the regular washing of clothes and bedding



Scabies

A tiny mite (bug) living in the skin, which is common when lots of people live close together





Look for

- **scratches and sores** between fingers, on wrists, elbows, knees, ankles and bottom
- babies often have **pustules** (like pimples) on hands and feet
- **itching**, sometimes over the whole body, especially at night

Scabies Treatment

*** TREAT EVERYONE IN THE HOUSE IF ONE PERSON HAS SCABIES**

Treat

Babies more than 2 months old, children and adults:
Lyclear (permethrin 5% cream)

Babies less than 2 months old:
Eurax (Crotamiton 10% cream)
daily for 3 days

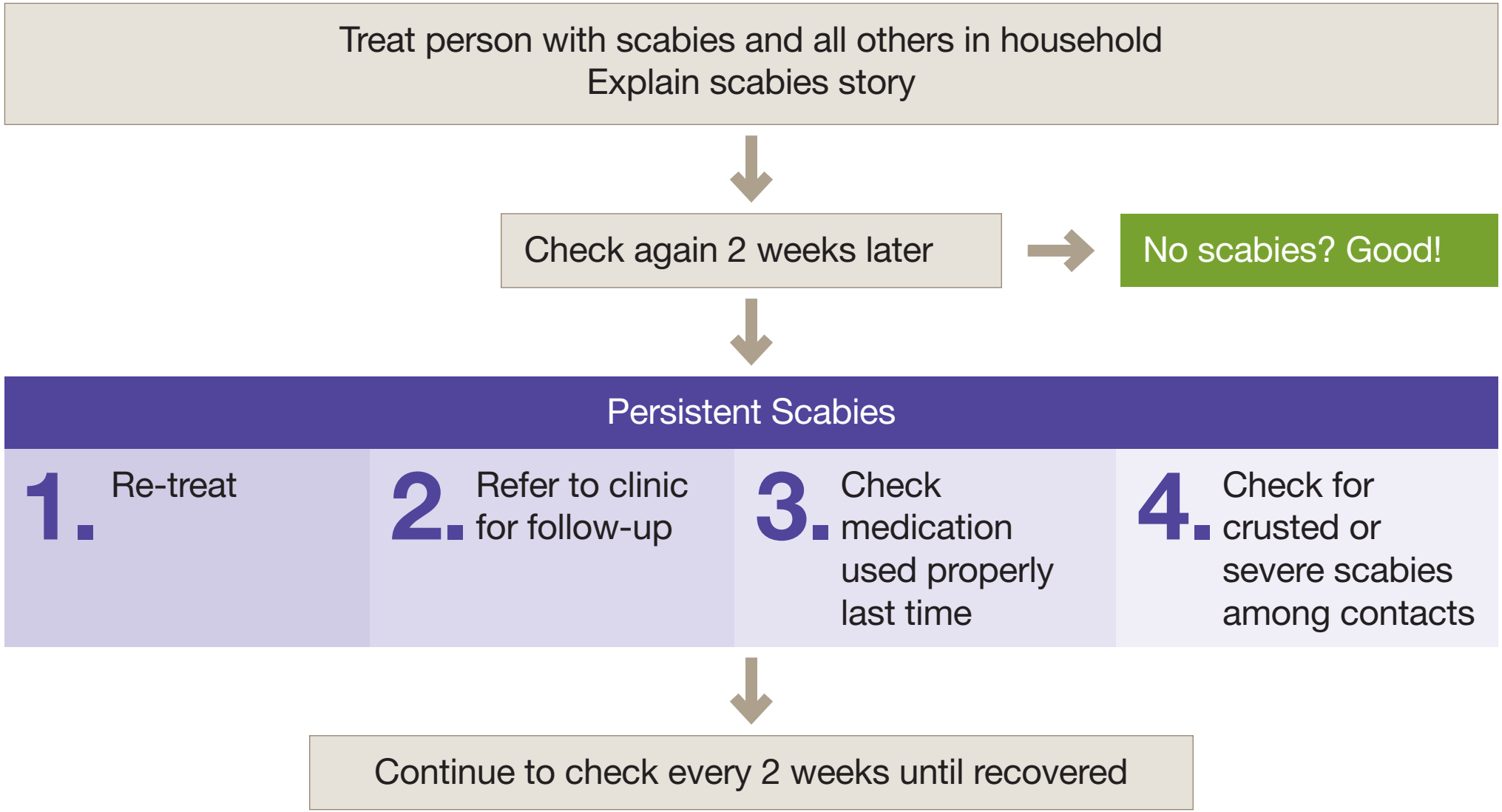
Talk with a doctor about using **Lyclear** (permethrin 5% cream)

How?

- **Rub a thin layer on whole body**
  Include head and face and especially between fingers, under nails, behind ears, groin and bottom, and soles of feet.
  Do NOT put on eyes or mouth
- **Leave on overnight** then wash off

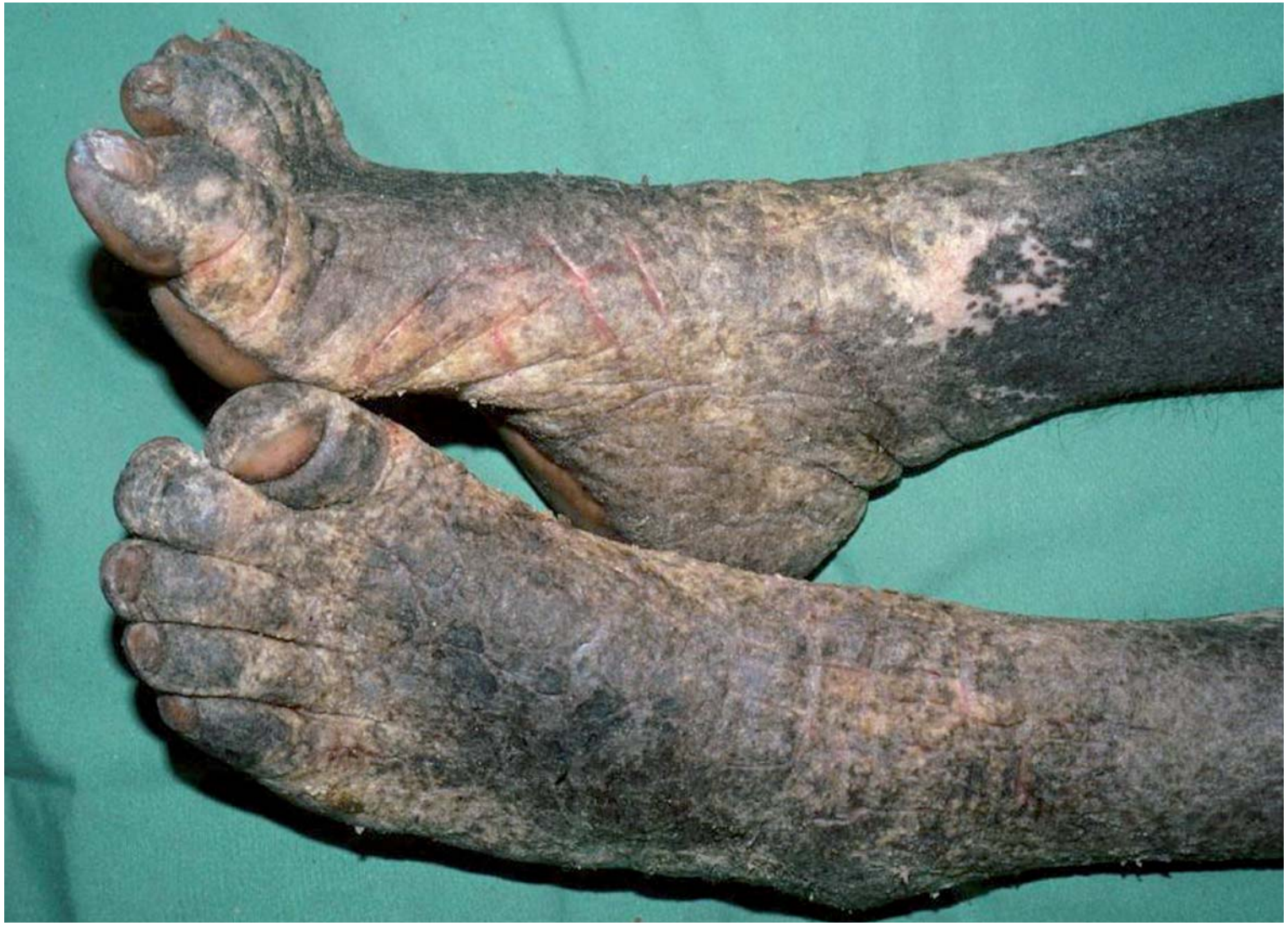
(Adapted from *CARPA Standard Treatment Manual*, 4th edn, p. 31)

Scabies Follow-Up



Crusted Scabies

Rare cases of very severe scabies with lots of flaky skin



Look for

- **thickened skin patches** with a thick/ flaky crust
- sometimes **not itchy**

* REFER TO DOCTOR AS SOON AS POSSIBLE

Doctor will discuss with infectious disease specialist and arrange:

- **skin scraping** for microscopy and fungal culture
- **blood tests** (FBE, ESR, CRP, EUC, LFT, ANF, BGL, HIV, HTLV1-Ab, C3, C4)

Treat

- **Lactic acid cream** daily to soften skin
- **Lyclear** (permethrin 5% cream)
  whole body for 24 hours (not usual 8 hours) twice/week for 2 weeks, then once/week for 4 weeks
- **Ivermectin oral** 200mcg/kg/dose
  give on empty stomach as directly observed treatment
  mild cases: give 3 doses (Day 1, 8, 15)
  moderate cases: give 5 doses (Day 1, 2, 8, 9, 15)
  Severe cases: admit to hospital for treatment
- **Treat all household and close contacts**
- **Contact environmental health officer** (EHO) to supervise chemical treatment and cleaning of house

(See *Centre for Disease Control Guidelines* for details)

Skin Sores

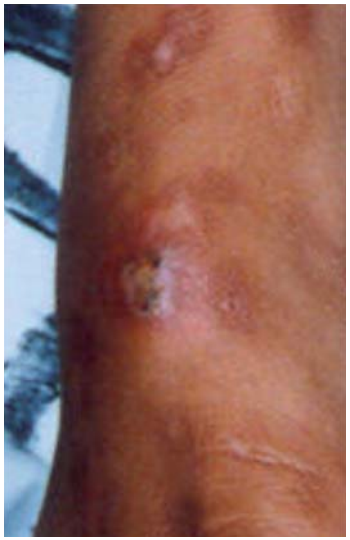
Sores can be separate from scabies

Infected scabies by definition has skin sores as well as scabies

Look for

- **yellow/brown crusted sores**, may start as blisters
- **check for scabies**—if present, treat scabies at the same time

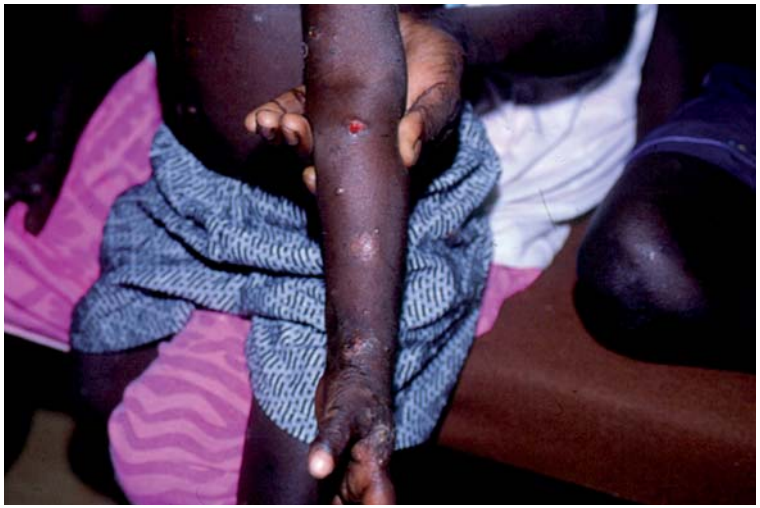
Purulent
wet or moist, or obvious pus that hasn't yet burst



Crusted
a yellow or reddish scab over a skin sore

Flat dry
old, almost-healed sore that has lost its crust

Skin Sores Treatment



✱ DO NOT USE TOPICAL MUPIROCIN (BACTROBAN) AS RESISTANCE DEVELOPS RAPIDLY

Do

- Treat skin sores and scabies **at the same time**
- **Clean** sores with soap and water—sponge off crusts

If there are clearly infected sores:

- give **Benzathine Penicillin** single dose

  OR
- **if injection not possible** (very rare)—give **Amoxycillin oral**, must be for 10 days to lower risk of Acute Rheumatic Fever or Post Streptococcal Glomerulonephritis. Very few people remember to take oral antibiotics for 10 days—so think carefully before offering this option
- **if allergic to Penicillin**, give **Trimethoprim-Sulfamethoxazole** for 5 days

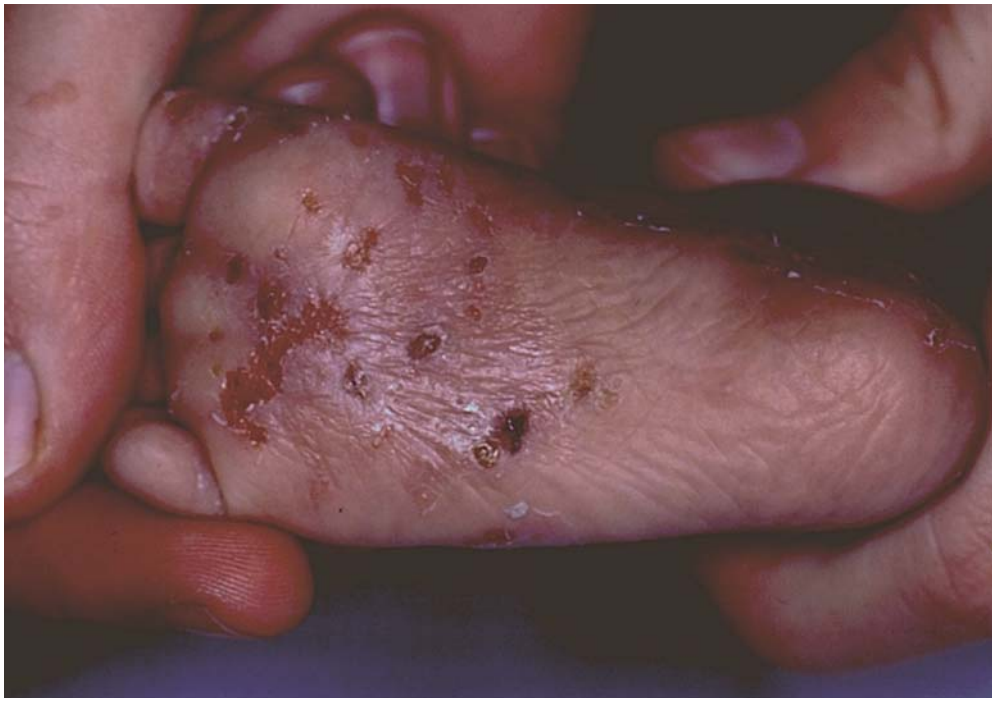
Infected Scabies

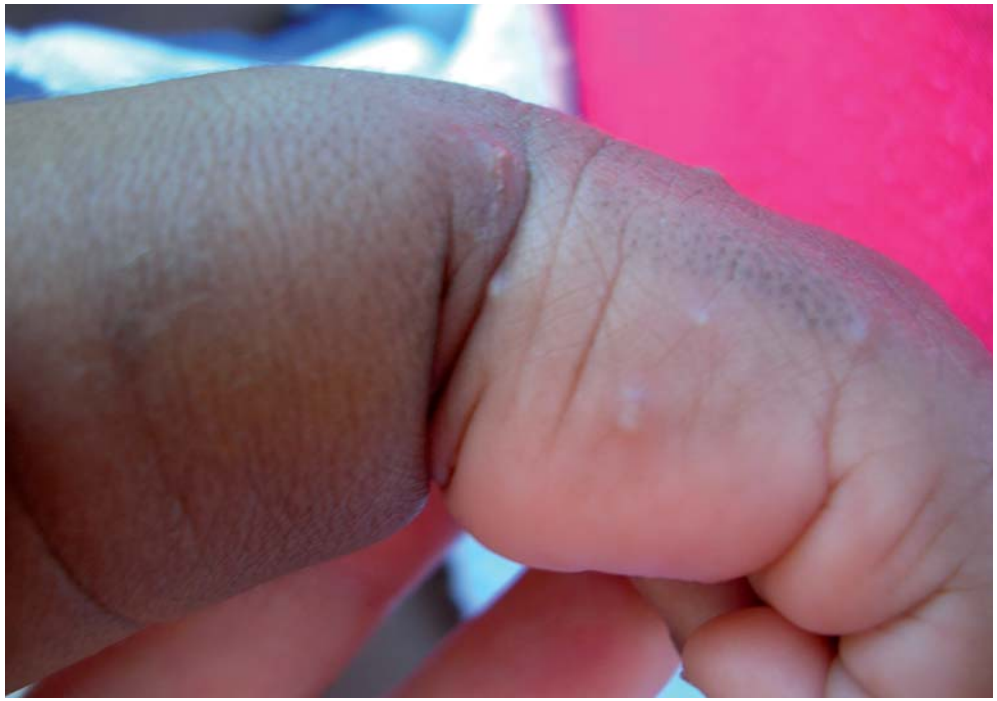
Often scabies and skin sores are together:
this is infected scabies

Babies with scabies often have pustules on their hands or feet

Look for

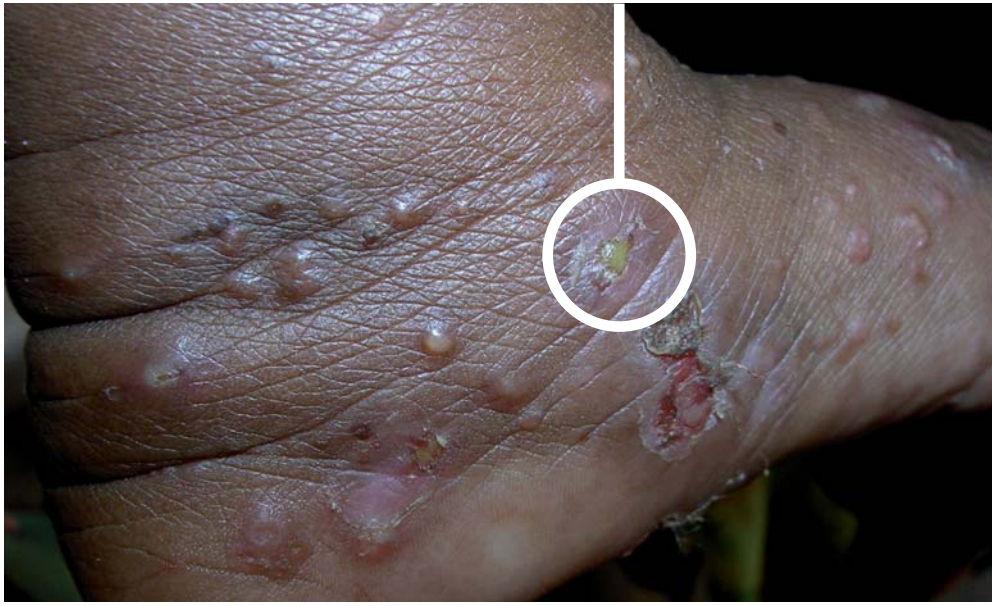
- **sores or crusts** within collections of scabies lumps

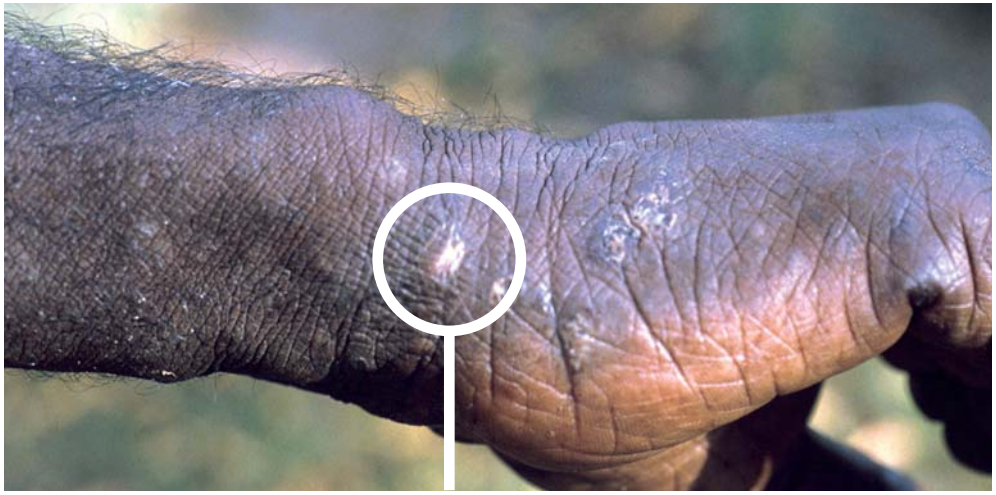




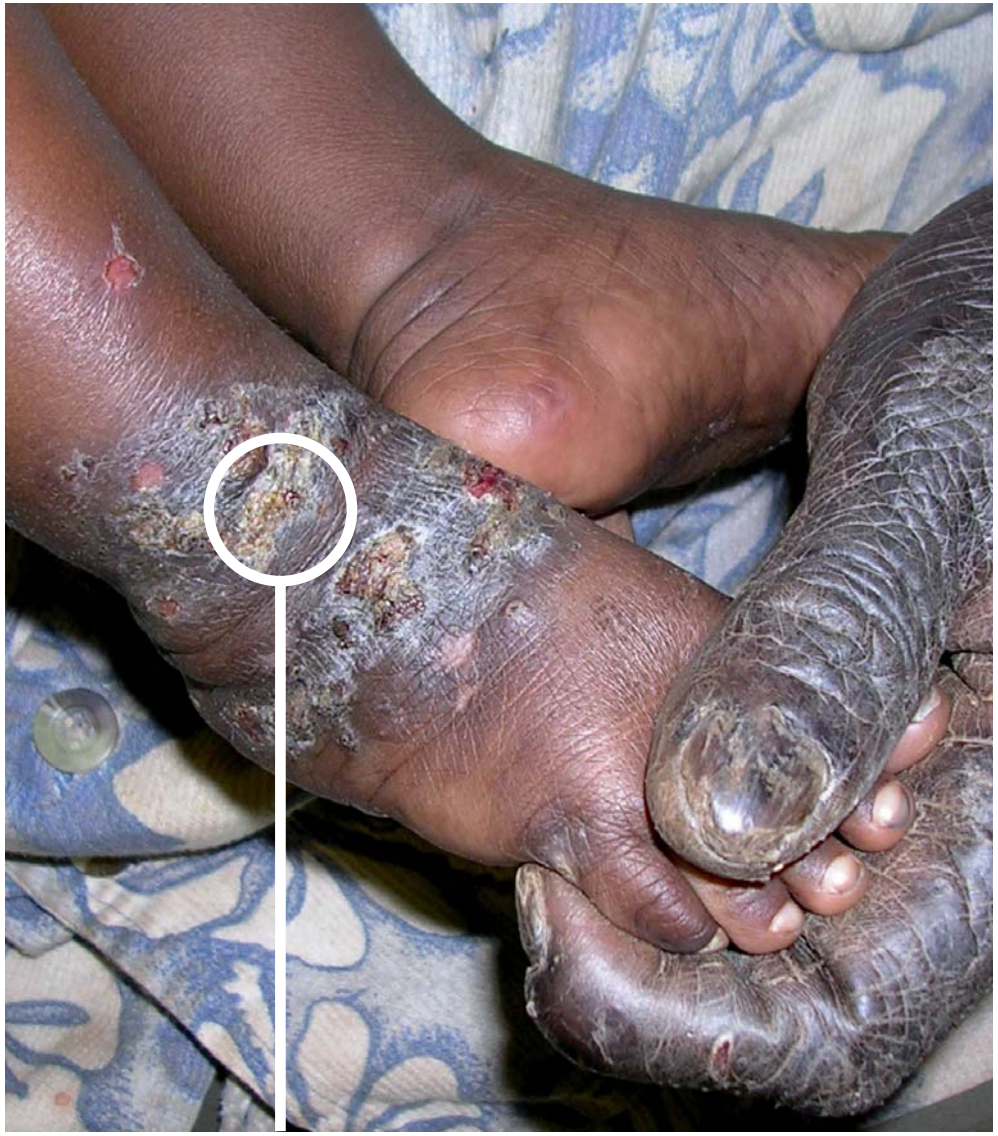
Scabies on a baby's hand

Scabies with purulent sores





Flat dry sore with scabies



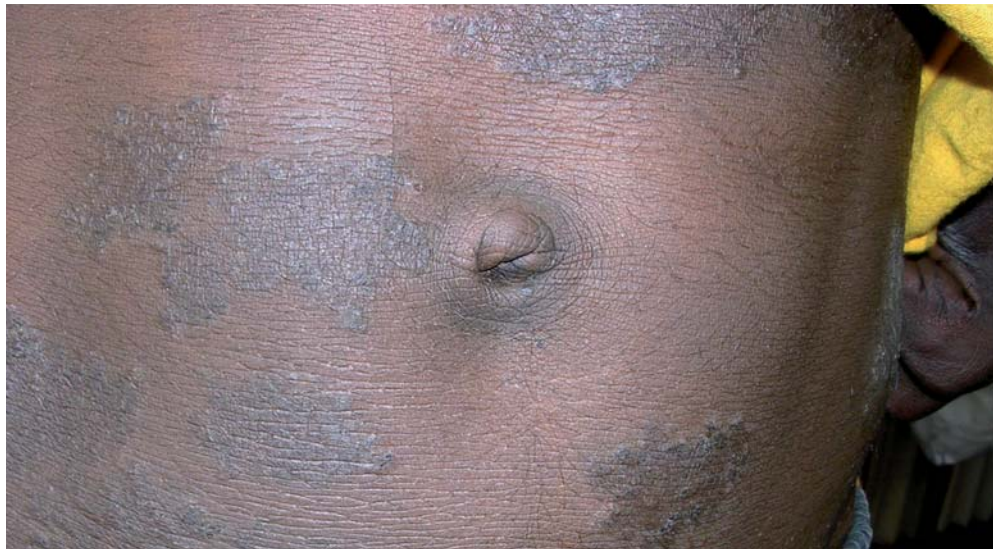
Scabies with crusted sores

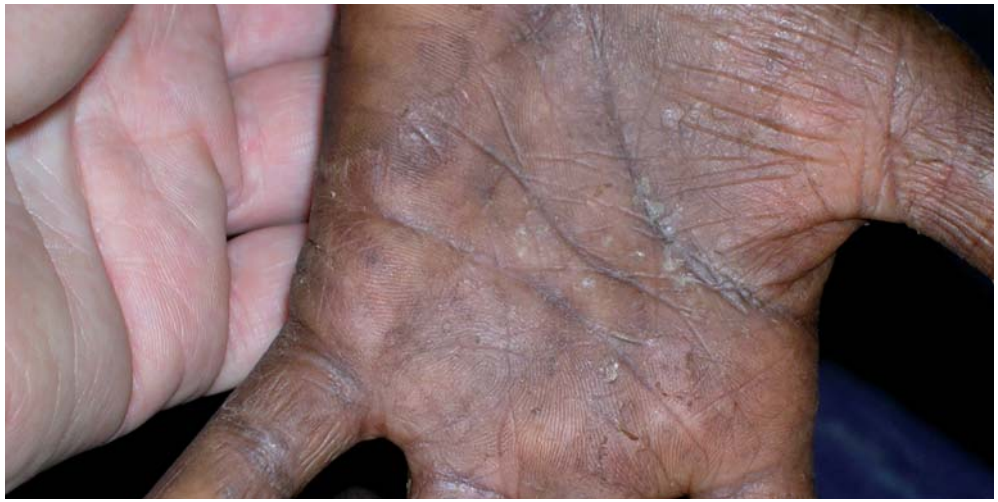
Tinea

Common fungal infection especially in hot, wet climates. Can be spread between people, can be itchy and accompanied by bacterial infection; also known as ‘ringworm’

Look for

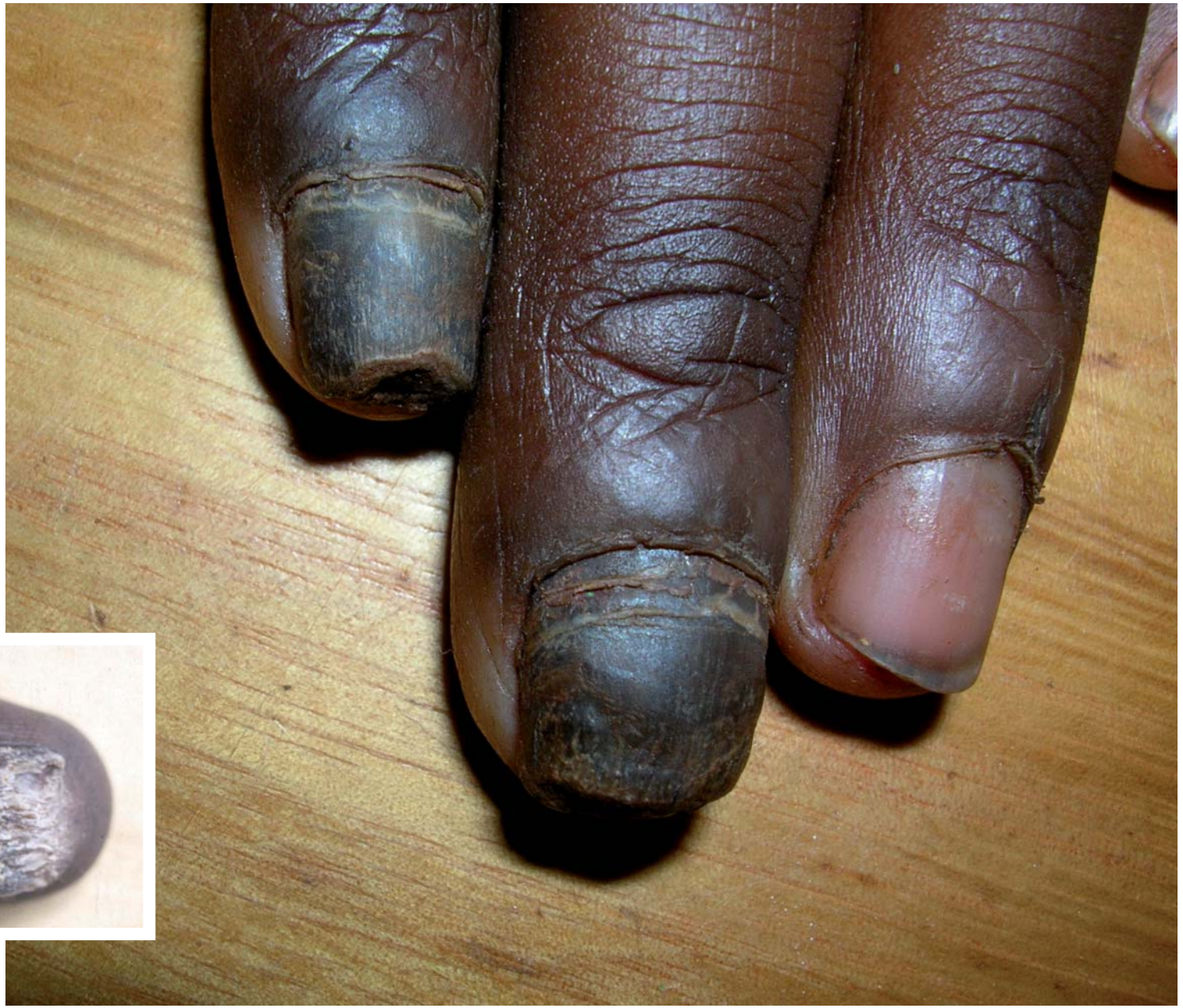
- **scaly**, well-defined patches that are **itchy**
- sometimes skin is **darker** and **tougher**
- most common on **buttocks, arms, legs** and **abdomen**
- **face tinea** may have area of pale skin





Nail Tinea

The whole nail may be thickened and broken with white or yellow colour; often tinea on other parts of body too



Tinea Treatment

*** IF ONE PERSON HAS TINEA, OTHERS IN THE HOUSE SHOULD ALSO GET CHECKED**

Skin or Scalp

Small areas—use Anti-Fungal cream:

- **Clonea** (Clotrimazole 1%) twice daily for 4–6 weeks

  OR

- **Lamisil cream** (Terbinafine cream) twice daily for 1–2 weeks

Large areas or not improving with cream:

- take **skin scrapings** (see *CARPA,* p. 319 for advice on how to do this)
- **Griseofulvin tablets** gut side effects common

  OR

- **Terbinafine tablets** (see next page for doses/ precautions)

Nails

- take **nail clippings** microscopy and fungal culture
- scrape and collect chalky material under the nail
- **Terbinafine tablets** (see next page)

Tinea Medication

Dose

Terbinafine tablets:

adults	250mg once daily
children (10–20kg)	62.5mg oral daily
children (20–40kg)	125mg oral daily
children (>40kg)	use adult dose

Griseofulvin tablets:

adults	250mg once daily

Location	Duration
Skin / Scalp	**14 Terbinafine tablets** (one per day) complete course within 3 weeks (21 days) OR **Griseofulvin** for 6–12 weeks
Finger nails	**42 Terbinafine tablets** (one per day) complete course within 9 weeks (63 days)
Toe nails	**84 Terbinafine tablets** (one per day) complete course within 18 weeks (126 days)

* NOTE:

Although Australian Therapeutic Goods Administration has not approved use of Terbinafine in children, overseas and Australian experience suggests that it is safe. Consult product information before prescription

* TERBINAFINE PRECAUTIONS

- Consider monitoring **Liver Function Tests** in adults with **liver disease**, large **grog** intake or **renal failure** (see *CARPA*, p. 319)
- Do **not** give during **pregnancy** or **breast feeding**

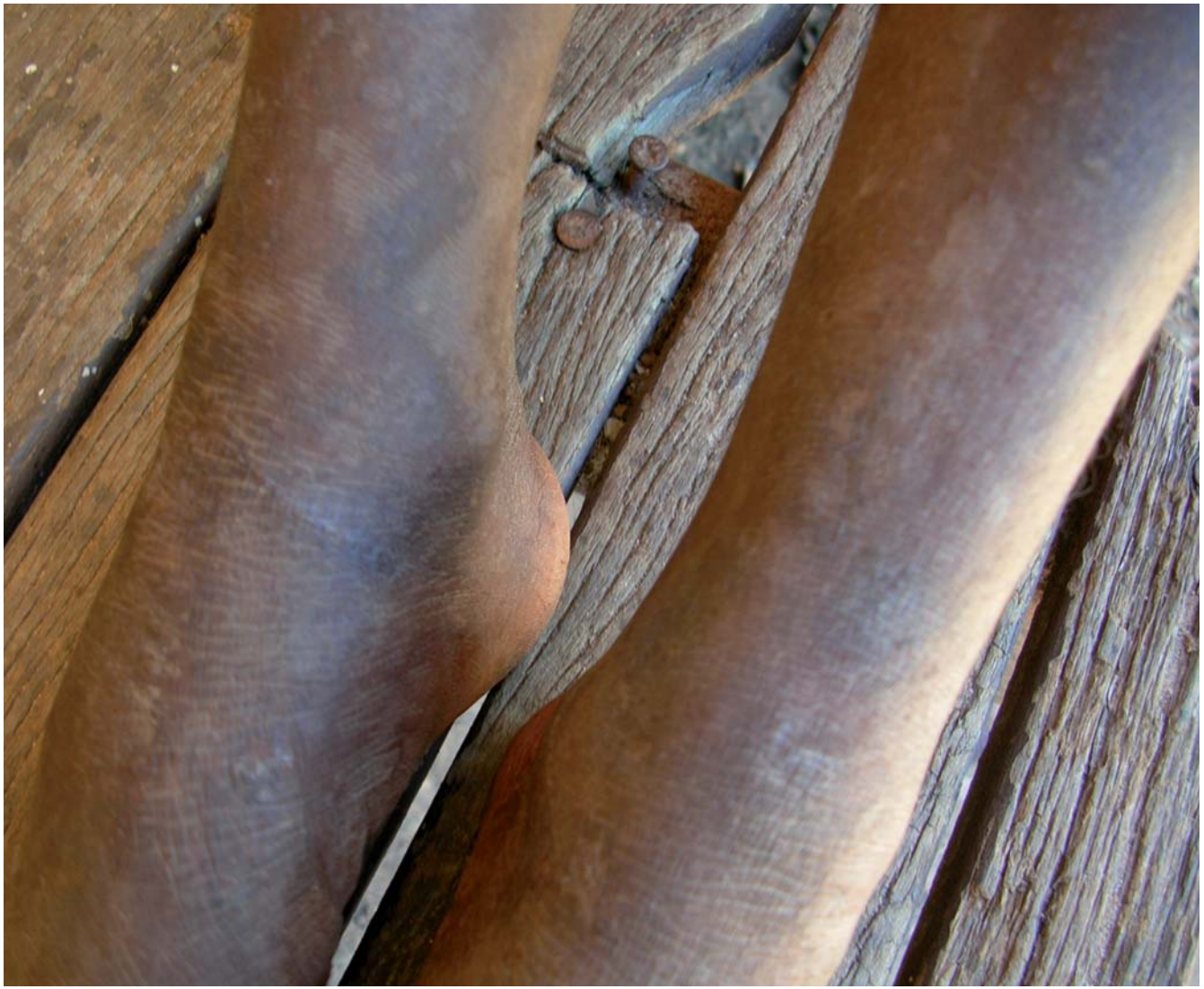
Terbinafine can be used on authority prescription if nails are involved and there is a positive fungal microscopy / culture result

Pityriasis Versicolor ‘white spot’/‘hankie’

How is it different from Skin Tinea (ringworm)?

Look for

- **pale patches on dark skin**. Most commonly on **upper trunk**, shoulders, chest, upper arms, neck and occasionally face
- Tinea Versicolor has no raised edge and is usually **not itchy**
- **NOT** contagious



Pityriasis Versicolor Treatment

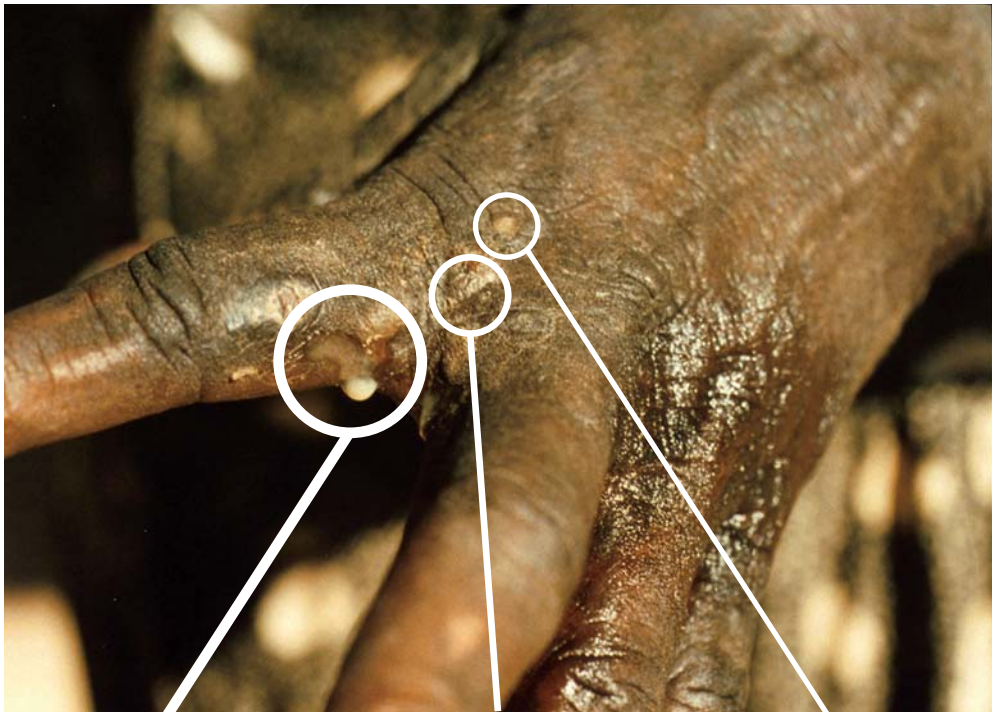
Treat

- **Selsun Gold shampoo** (Selenium sulphide 2.5%)

  Apply to affected skin mixed with a handful of water
  Leave on the skin for about 60 minutes or as long as it feels OK
  (can be irritating if left longer)

- Repeat **daily for 7–10 days** until the rash settles
- Consider **skin scrapings** if not improving or unsure about diagnosis
- **May** need to **repeat treatment every 2–4 weeks**
- It may take **more than 6 weeks** for skin to return to normal
- If not improving, **think of leprosy**

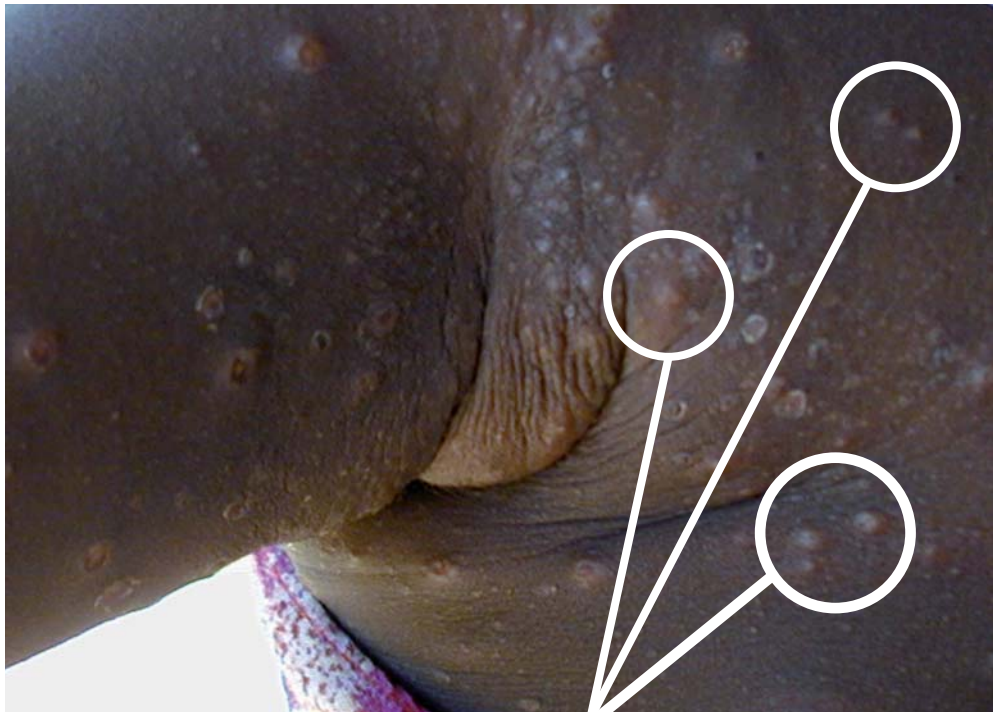
Scabies and Skin Sores



Purulent skin sore

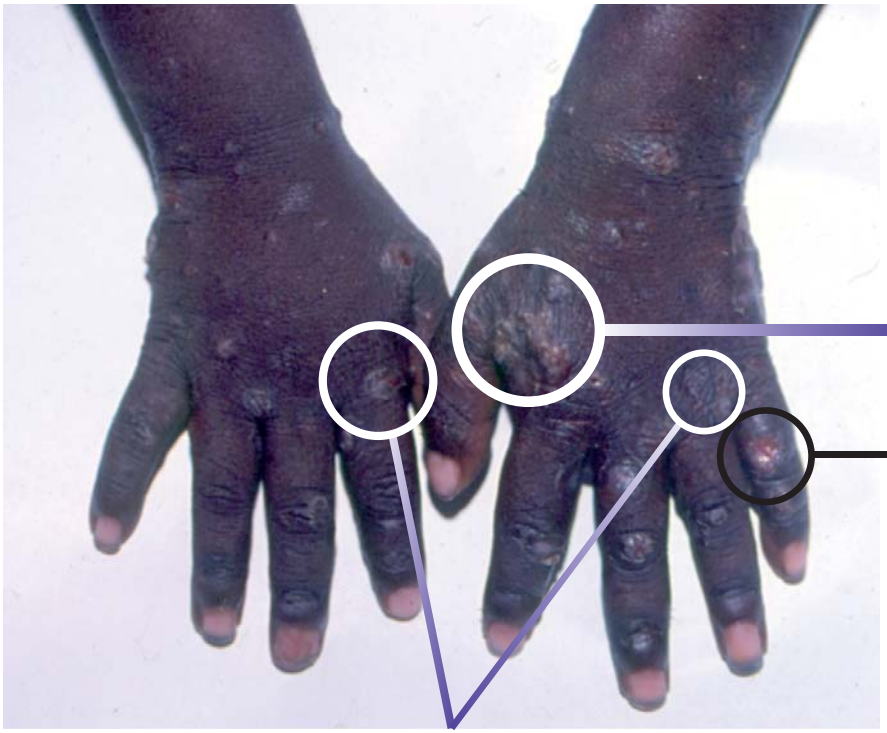
Crusted skin sore

Flat dry skin sore

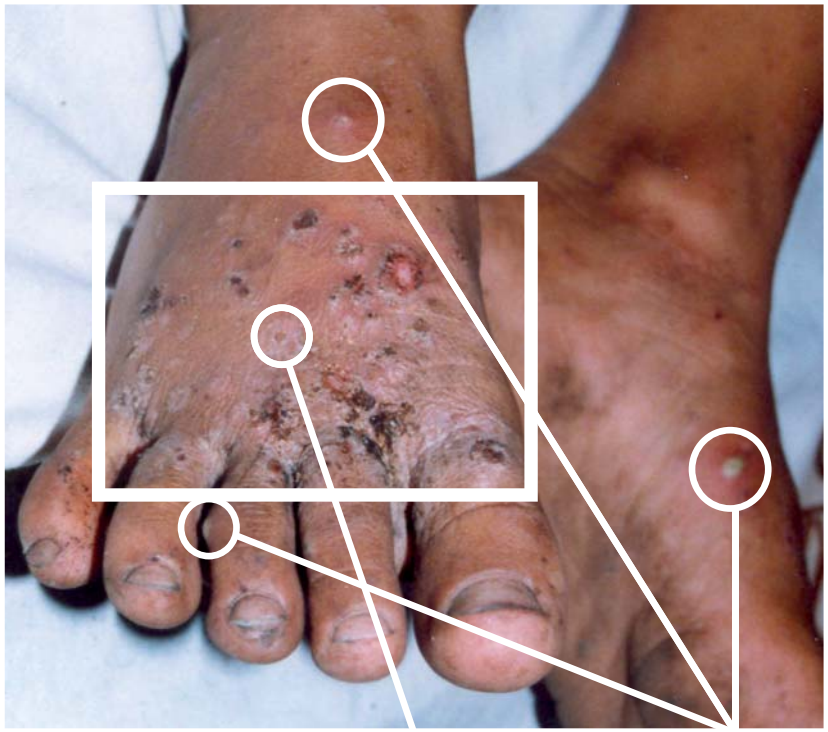


Multiple Scabies lumps

Scabies and Skin Sores



Flat dry sores



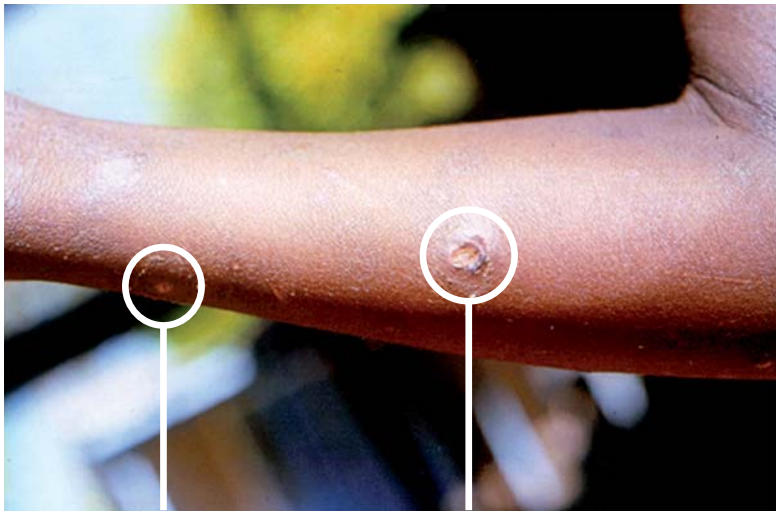
Mulitple crusted sores

Flat dry sore

Purulent sores

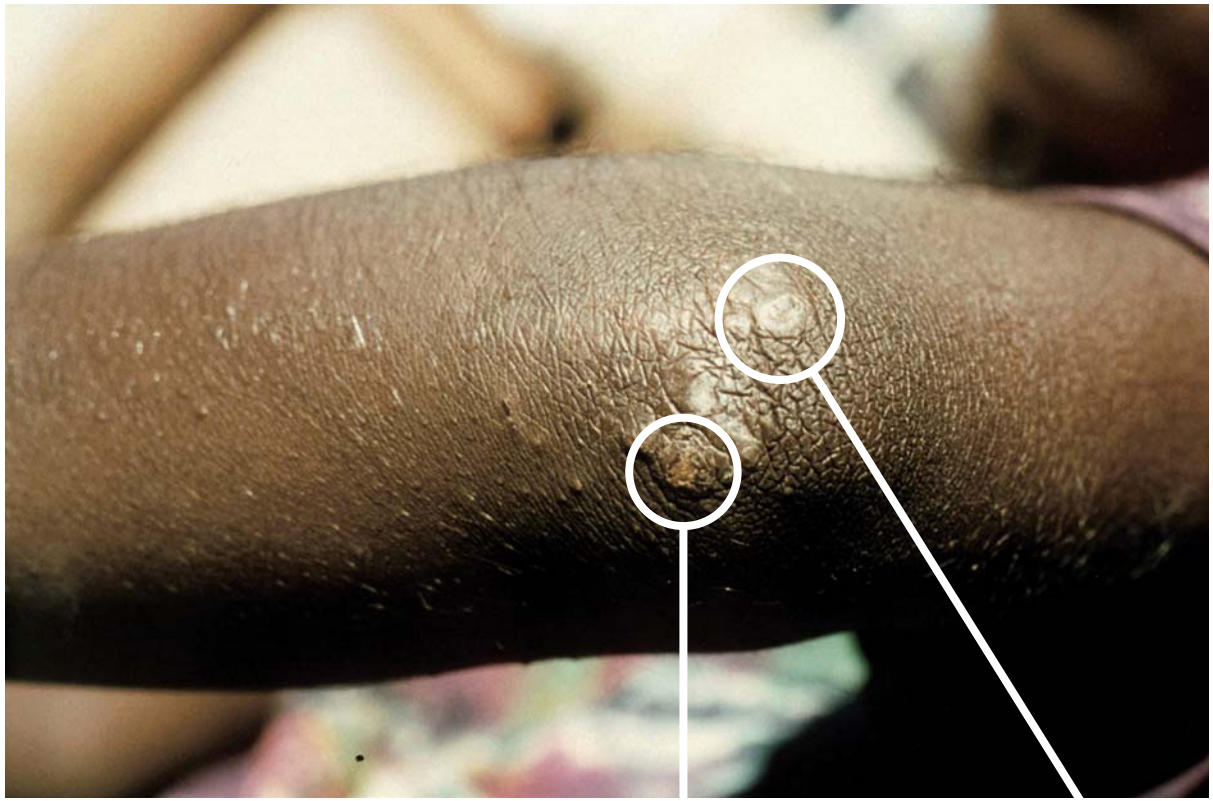
Scabies – multiple infected bumps, especially around toe web spaces

Skin Sores



Flat dry sore

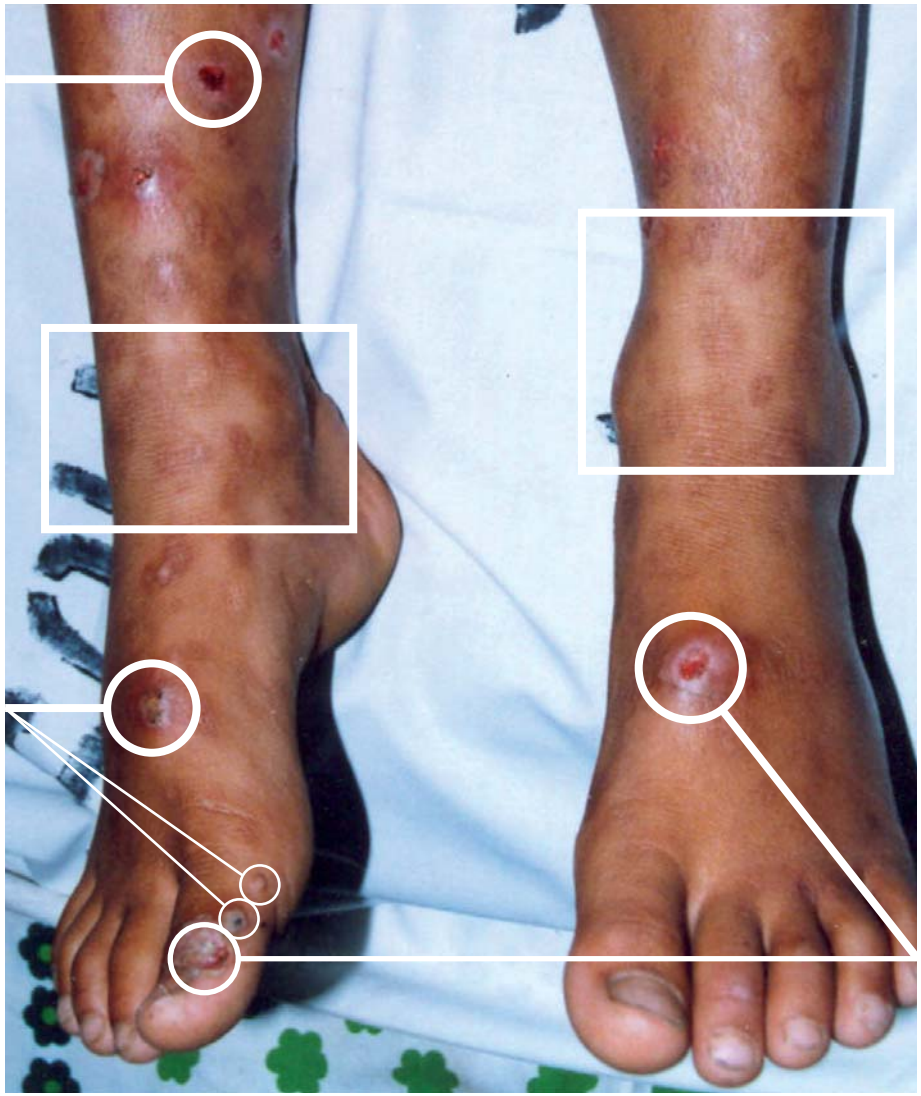
Purulent skin sores (if wet base)



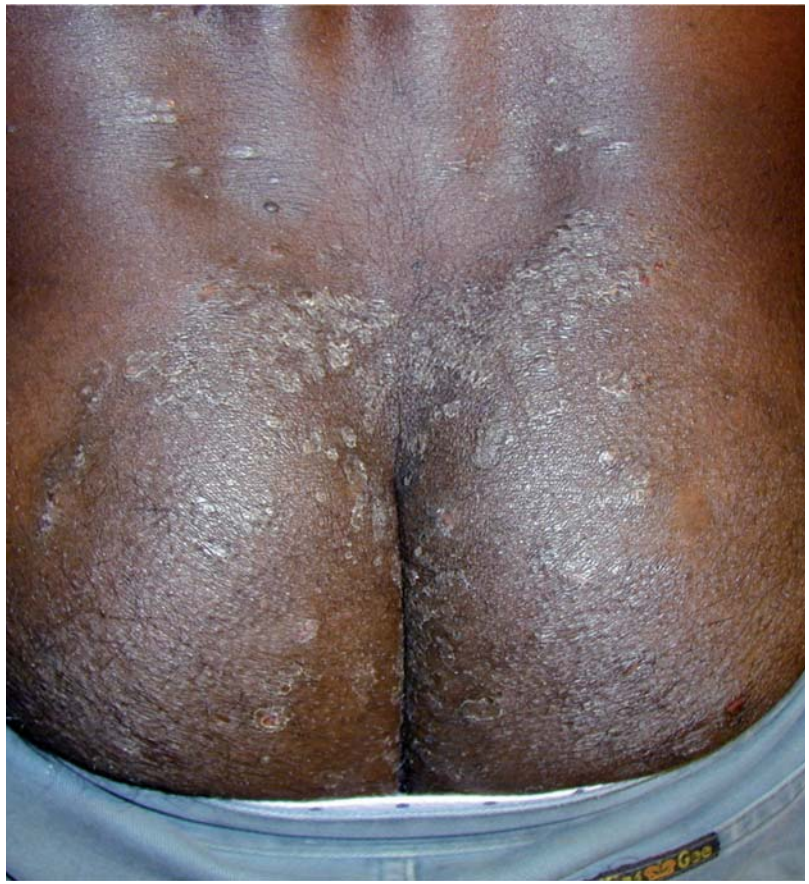
Crusted sore

Flat dry sore

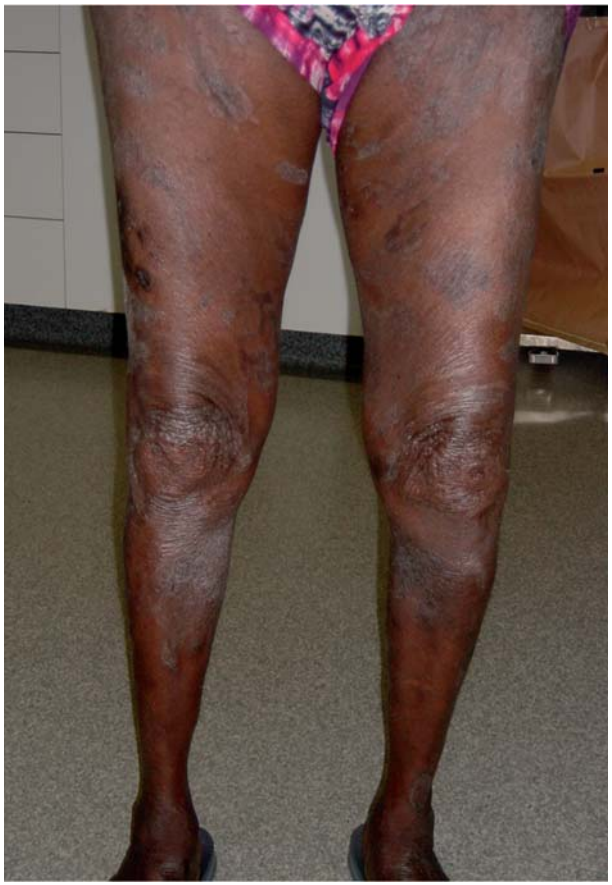
Skin Sores


Crusted sores
(red scab, no pus)
Purulent sores
(visible pus)
Altered
pigment
from old
healed sores
Purulent sores
(wet base)

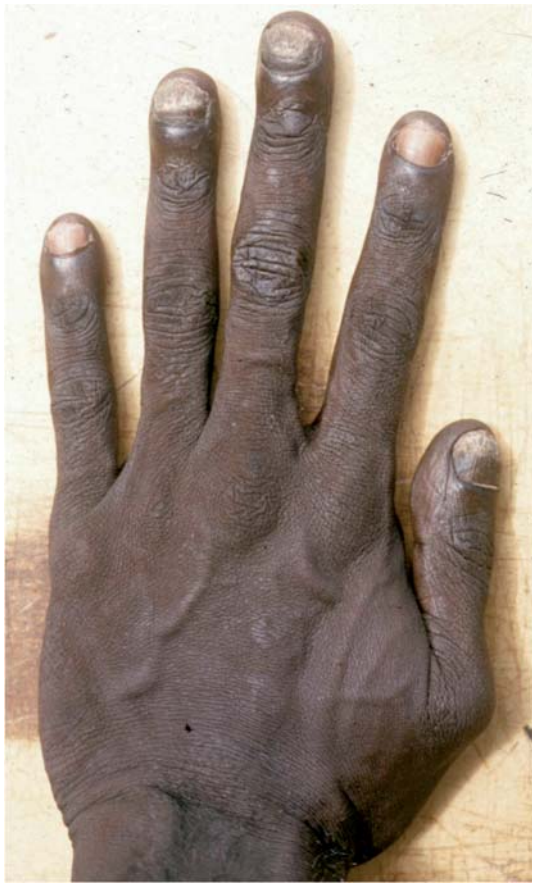
Tinea



Tinea on buttocks

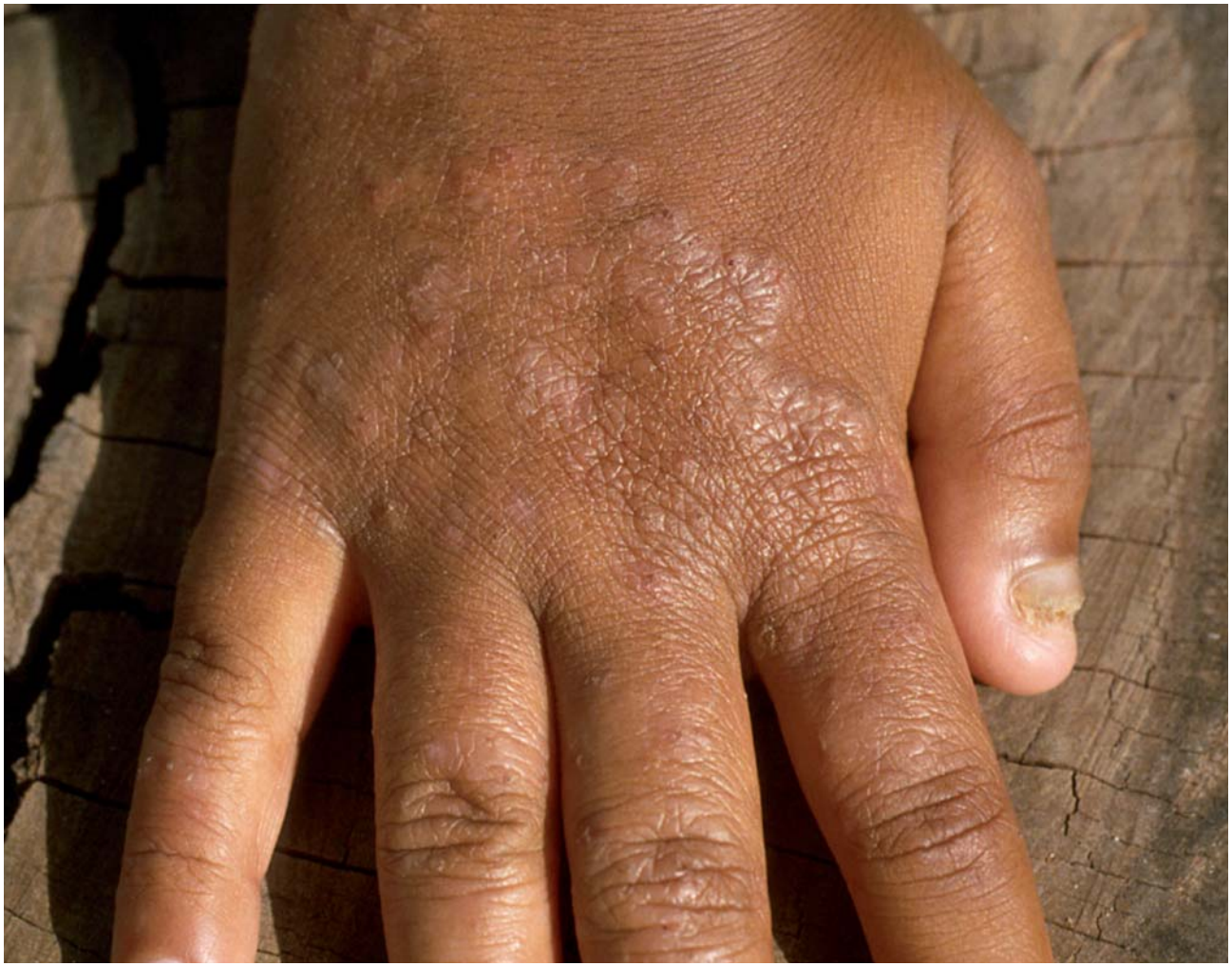


Tinea on legs



Tinea on nails

Tinea



Hand tinea and thumbnail tinea

Body tinea

Produced by the East Arnhem Regional Healthy Skin Project with funding support from the Australasian College of Dermatologists.

This is a collaborative project involving Aboriginal Communities, Menzies School of Health Research, Cooperative Research Centre for Aboriginal Health, Murdoch Childrens Research Institute, The University of Melbourne, Australasian College of Dermatologists, Northern Territory Department of Health and Community Services, and Queensland Institute of Medical Research. The project receives additional funding assistance from the Rio Tinto Aboriginal Foundation, the Ian Potter Foundation and the Office for Aboriginal and Torres Strait Islander Health.

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menzies school of health research

Cooperative Research Centre for Aboriginal Health