



Fig. 3. Histopathology resembling pseudolymphoma. Below the stratum corneum, a burrow of *S. scabiei* is transected showing empty and embryo-containing eggs. Original magnification $\times 250$.

200 $\mu\text{g}/\text{kg}$ body weight ivermectin on days 1 and 7, and 50 mg oral prednisolone was administered daily for 1 week. Following this, the nodes were treated with external steroid solution. The intense pruritus ceased after the first dose of ivermectin and the nodes slowly resolved within the following month.

Dermatoscopy has been proven to be a fast, sensitive and specific method for the assessment of pigmented skin lesions [7, 8]. Since dermatoscopy allows a detailed inspection of the skin surface down to the superficial papillary dermis, it has been suggested as a method for the detection of *S. scabiei* in vivo [9]. The typical 'jet with condensation trails' pattern has been shown to be very sensitive (93–100%) and specific (100%) in two large series of scabies patients [2, 10]. Dermatoscopy permits the rapid, non-invasive examination of many suspicious sites without causing pain or discomfort to the patient and it is especially suitable for the detection of mites in cases of atypical scabies such as the one presented here, where no typical burrows or papules could be found. The ease of use allows to search for mites

even in cases of low suspicion of scabies and it can therefore avoid the frequent phenomenon of multiple consultations [10]. Since computed dermatoscopy allows up to a 70-fold magnification of the dermatoscopic image, it is presently the most sensitive and specific diagnostic method for the detection of scabies. At present computed dermatoscopy is already used in about one third of private dermatological practices in Germany. Experienced investigators can also perform the examination with a simple and cheap handheld dermatoscope at a magnification of $\times 10$ showing mites as typical small brown pigmented triangular structures.

As the patient presented with widely distributed hyperergic nodular reactions, we decided to treat him systemically with ivermectin. Several authors reported ivermectin to be superior to local scabicides [11–13]. Mainly two reasons were important for the decision to use ivermectin: the oral application allows for complete treatment of the whole body, and a single dosage is sufficient and problems with patient compliance are avoided [12]. However, a recently published Cochrane review stated that two trials assessing the effectiveness of oral versus topical treatment (ivermectin vs. benzyl benzoate) in scabies were too small to demonstrate superiority of ivermectin treatment [14].

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Jürgen Bauer, MD
 Department of Dermatology, Eberhard Karl University
 Liebermeisterstrasse 25, D-72076 Tübingen (Germany)
 Tel. +49 7071 29 8 71 10, Fax +49 7071 29 51 87
 E-Mail mail@j-bauer.de