A 38-year-old man, returned from Ivory Coast 2 months ago and presented with a 3-month history of pruritus exclusively on the scrotum. Itching was continuous during the day and no pruritus was described in his wife and son. Clinical examination of the genitals revealed several nodules on the scrotum, a chancrous lesion was seen on the penis, and multiple excoriations were noted. Dermoscopy exam with a dermatoscope of the whole body was performed and no papules, nodules, or burrow were found. Microscopic examination of several superficial skin samples obtained by scraping in the peri-genital area revealed one adult of *Sarcoptes scabiei*. The patient and his relatives were successfully treated with Ivermectin 200 μg/kg with a second dose 2 weeks later. Very rare cases are described on localized scabies (scalp, feet) and they mainly occurred in an immunocompromised patient unlike this patient who does not have any immunosuppression.

Abstract. A 38-year-old man, returned from Ivory Coast 2 months ago and presented with a 3-month history of pruritus exclusively on the scrotum. Itching was continuous during the day and no pruritus was described in his wife and son. Clinical examination of the genitals revealed several nodules on the scrotum (Figure 1), a chancrous lesion was seen on the penis (Figure 2), and multiple excoriations were noted. Dermoscopy exam with a dermatoscope of the whole body, including the finger webs, the flexor surfaces of the wrists, the elbows, and the axillae was performed. No papules, nodules, or burrow were found. Microscopic examination of several superficial skin samples obtained by scraping in the peri-genital area revealed one adult of *Sarcoptes scabiei* (Figure 3); the patient and his relatives were successfully treated with Ivermectin 200 μg/kg with a second dose 2 weeks later. He was seen in follow-up 1 month later and the symptoms had resolved. Very rare cases are described on localized scabies (scalp, feet), and they mainly occur in an immunocompromised patient.
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REFERENCES


**Figure 3.** *Sarcoptes scabiei* (200×) revealed by microscopic examination of samples obtained from skin scrapings.