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The Great Imitator of Pruritic Dermatoses: Scabies

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Introduction
Scabies can mimic a broad range of chronic pruritic dermatoses, particularly in eczematized or steroid-modified presentations. As a result, diagnosis may be delayed for months or years, leading to unnecessary systemic treatments, persistent symptoms, psychosocial burden, and ongoing transmission. We aimed to describe patterns of delayed diagnosis in refractory pruritic eruptions later confirmed as scabies and to highlight the value of dermoscopy, UV dermoscopy, and targeted microscopy.

Materials and Methods
We report a real-world consecutive case series of 5 adults with persistent, treatment-refractory pruritic eruptions who were ultimately diagnosed with scabies. Collected variables included symptom duration, prior diagnoses, previous topical/systemic treatments, dermoscopic and UV dermoscopic findings, microscopic confirmation, and treatment outcomes. Skin scrapings were obtained from dermoscopically selected lesions and examined for mites, eggs, or scybala.

Results
Diagnostic delay ranged from several months to 3 years. Initial diagnoses included lichen planus–spectrum disease, prurigo nodularis, chronic spontaneous urticaria, and atopic dermatitis. Before correct diagnosis, patients had received multiple ineffective systemic treatments, including methotrexate, systemic corticosteroids, cyclosporine, omalizumab, dupilumab, isotretinoin, and phototherapy. Dermoscopy identified scabies-compatible burrows/mite signs in all cases; UV dermoscopy provided additional support in selected lesions (including ball-sign findings). Targeted microscopy confirmed infestation in all 5 patients. Following anti-scabetic therapy (oral ivermectin with adjunctive topical sulfur or permethrin when indicated), clinical resolution was achieved in all cases, typically within 1–3 weeks. One patient developed a severe neurologic adverse event temporally associated with ivermectin exposure; symptoms resolved after hospitalization, supportive neurologic management, and alternative topical anti-scabetic treatment.

Conclusions
Scabies remains a major diagnostic imitator in chronic pruritus and may lead to prolonged misdiagnosis and unnecessary systemic immunomodulation. A structured pathway—early dermoscopy, UV support when available, and dermoscopy-guided microscopy—improves diagnostic accuracy in complex cases and can reduce avoidable morbidity. In persistent or atypical pruritic eruptions, scabies should be actively excluded before escalation to systemic therapy.