

## Crusted Scabies of Hands: Constraints of Tele dermatology

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### Introduction

During the COVID-19 pandemic, tele dermatology has emerged as an accurate and cost-effective alternative for conventional face-to-face dermatological consultations [1]. During the pandemic period, we observed 2 cases of crusted scabies induced by prolonged topical potent corticosteroid use.

### Case Report

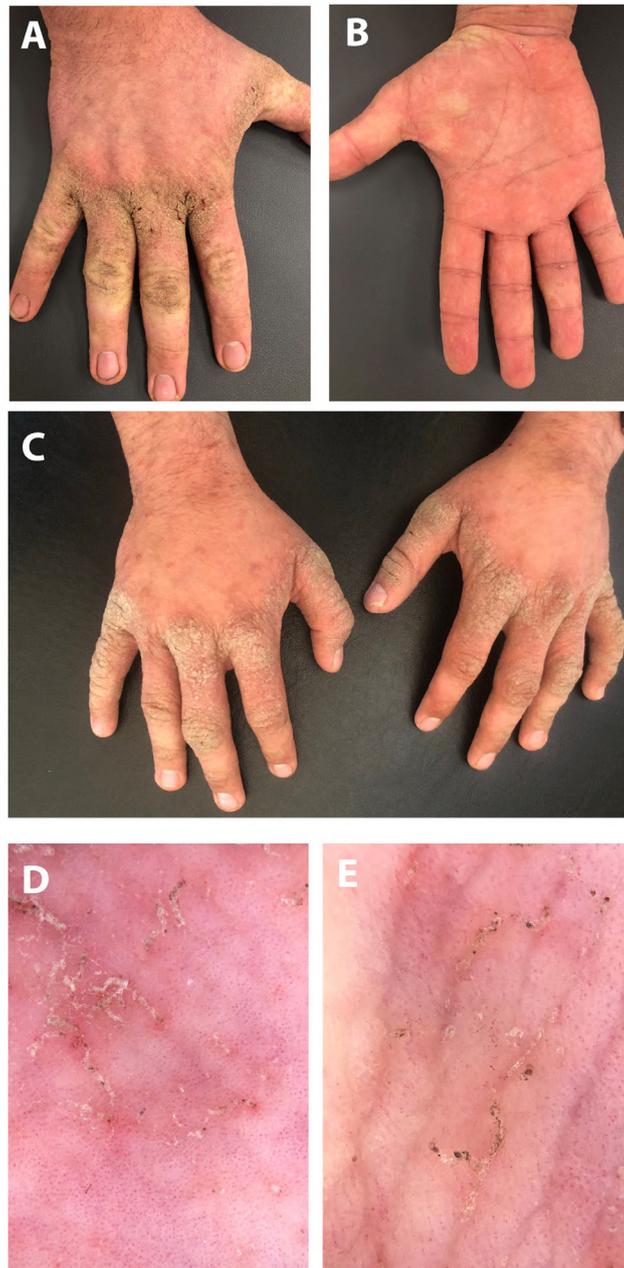
Two healthy male (aged 18 and 19 years, respectively) patients were diagnosed with hand irritant contact dermatitis caused by frequent hand-washing and sanitizer use with tele dermatology. They received topical betamethasone cream treatment initially. The physicians escalated the treatment to clobetasol cream occlusion therapy via another tele dermatology appointment as the symptoms did not improve.

The patients used this therapy continuously without any follow-up appointments for one and two months and

presented to our clinic with worsening of pruritus on hands. Face-to-face physical examination revealed hyperkeratotic and fissured plaques on the dorsum of hands, prominently around the proximal phalanges, whereas the palmar sides of the hands were relatively spared. Dermoscopic examination revealed numerous furrows and delta-wing jet signs corresponding to the mites (Figure 1). The patients were diagnosed with crusted scabies and treated with oral ivermectin and topical 5% sulfur ointment. The consent is taken from each patient to publish their photos and treatment.

### Conclusions

Physicians and patients report high satisfaction using tele dermatology, and it has a promising future in daily clinical practice [2]. However, there are some concerns regarding the diagnostic accuracy of tele dermatology services. Poor image quality and the inability of evaluating textural characteristics of lesions may confuse a dermatologist. Here, the lack of dermoscopic examination and the inability to perform



**Figure 1.** Clinical and dermatoscopic findings. (A-B) Hyperkeratotic and fissured plaques on the dorsum of the hands in Case 1, with relatively spared palmar side, (C) Thick, hyperkeratotic plaques, erythematous papules on the dorsum of hands of Case 2, (D-E) Numerous furrows filled with dark-brown triangular structures (delta-wing jet sign with contrail) corresponding to the mites on the dermatoscopic examination of Case 1.

a detailed full-body examination may have misled the clinicians. In teledermatology, if the patient is not improving with the prescribed treatment, he/she should be invited for the in-person visits to avoid any delay in the diagnosis.

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