Case Report

Extensive scabies infestation in a stateless and marginalized Bajau Laut boy

Huzairi Sani[1,2,3], Ahmad Rashidi Mohamed Tahir[4], Nirmalatiban Parthiban[5], Ahmad Munawwar Helmi Salim[6]

Abstract

The Bajau Laut people are sea gypsies, who are stateless and marginalized populations. A young boy was brought to an outreach clinic with symptoms of body itchiness. He has 3 other siblings who also have the similar symptom. Clinically, the rash was extensive with erythematous papules, excoriations and eczematous features involving the trunk, thighs, buttocks, genitalia, and bilateral feet giving the diagnosis of scabies. He was prescribed topical Permethrin 1% Lotion to be applied at night from the neck down and left on until the next morning. Management of such transmissible skin disease caused by *Sarcoptes Scabiei* has been a great challenge among indigenous communities. This case report provides an insight into the possible challenges faced by clinicians in detecting and managing scabies infection among the indigenous and under-researched population in Malaysia.

Keywords: Bajau Laut, scabies, stateless

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Case Summary

The Bajau Laut people are sea gypsies, who are stateless and marginalized populations.[1]An estimated 3-year-old boy hailing from that gypsy group presented with chronic generalized body itchiness. According to the mother, the itchiness happens throughout the day and night. History of pyrexia was denied. His parents were illiterate, and the language barrier caused difficulties in getting detailed information. Further inspection of his siblings revealed similar skin changes. They lived in a small hut sharing a common area among the family members(Fig. 1). The child was alert, calm, comfortable, and undernourished. His forehead temperature scanner was 36.5^{0}Celsius. There is generalized erythematous papular rashes sparring the face and scalp. (Fig. 1,2) There are burrows at the bilateral feet with crusting and excoriations changes(Fig. 3). The diagnosis of Scabies was made; he was prescribed Lindane 1% to be applied at night to all body parts and syrup Cetirizine 2.5mg once daily for itchiness. He also received chewable tablet Albendazole 200 mg single dose for deworming. His siblings were also prescribed with the same treatment. Personal and environmental hygiene was emphasized to the caregiver. His images were taken (with consent) for follow up on the next outreach clinic program.

1. Cardiology unit, Faculty of Medicine, Universiti Teknologi MARA Selangor Branch, Sungai Buloh Campus, 47000, Selangor Darul Ehsan, Malaysia.
2. Integrative Pharmacogenomics Institute, Universiti Teknologi MARA Selangor Branch, Puncak Alam Campus, 42300, Selangor Darul Ehsan, Malaysia.
3. Cardiovascular and Lungs Research Institute (CaVaLRI), Pusat Perubatan Universiti Teknologi MARA, Sungai Buloh campus, Jalan Hospital, 47000 Selangor, Malaysia.
4. Faculty of Pharmacy, University of Cyberjaya, Persiaran Bestari 63000 Cyberjaya, Selangor, Malaysia.
5. Department of Internal Medicine, Hospital Selayang, Batu Caves, 44000, Selangor, Malaysia.
6. B-G-06, Dataran Emerald,Emerald, Jalan PS 11, Prima Selayang, 68100, Batu Caves, Selangor, Malaysia.

Correspondence to: Dr. Huzairi Sani, Cardiology unit, Faculty of Medicine, Universiti Teknologi MARA Selangor Branch, Sungai Buloh Campus, 47000, Selangor Darul Ehsan, Malaysia. Email: huzairi_s@hotmail.com

Figure 1: Small wooden huts on stilts above the sea level built using natural resources

Figure 2-A, B: Generalized erythematous papular rashes

Figure 3: Burrows at the bilateral feet with crust and excoriations.

Discussion

Scabies is an itchy skin condition caused by a tiny burrowing mite called *Sarcoptes scabiei*. A skin condition that is contagious and can spread easily among family members. The most common symptoms of scabies are rash and intense itchiness. Classic scabies is typically characterized by an intensely pruritic eruption with small, often excoriated, papules in sites such as the fingers, wrists, axillae, areolae, waist, genitalia, and buttocks. Crusted scabies, a less common clinical variant, typically present with scaly, crusted, fissured plaques and primarily occurs in immunocompromised individuals.

The approach to the eradication of itch mites depends on the clinical presentation and patient population. Treatment of patients and close personal contacts is recommended to prevent reinfection. Topical Permethrin is highly effective, with cure rates in randomized trials approximating or exceeding 90 percent.[2] The response is assessed 1 week after the course. If there is a resolution of active skin lesions or pruritus, it shows the therapy is effective and follow up, if symptoms recur.

If there is lesions or pruritus persist, further clinical assessment for 1) correct use of therapy, 2) risk factors for reinfestation, 3) permethrin-related contact dermatitis or, 4) misdiagnosis.

Treatment of scabies must include these important adjunctive measures: 1) close contacts – ensure simultaneous treatment of the patient and his/her close contact. Treatment options and protocols for both are identical, 2) environment – clothing and bedding used within the preceding 3 days should be washed and dried with hot water or removed from human contact for at least 72 hours and 3) pruritus – manage with oral antihistamines or topical corticosteroids, as needed.[3]

World Health Organization (WHO) added scabies as on the Neglected Tropical Diseases to its portfolio.This was made to respond to the high burden of scabies and their complications, particularly among the marginalized population who have limited access to healthcare. Stigma, high barriers to healthcare and poor clinical awareness among indigenous and marginalized populations contribute to the late stage of diagnosis and high mortality rates.[4,5] Scabies is strongly associated with secondary bacterial skin infection (impetigo) which can lead to serious complications, such as septicaemia, glomerulonephritis, and rheumatic heart disease.[5,6] A systematic review published in the Lancet highlighted the high prevalence of scabies and impetigo among the marginalized community calling for urgent public health measures.[7]

Another recent systemic review highlighted the importance of active scabies case detection via contact tracing and community screening in the marginalized community for better disease control.[6]

In Sabah, there are about 39 different indigenous groups constituting almost 60% of the state population. One of the marginalized populations is Bajau Laut who are migratory people. They are also called Sea-Nomads or sea gypsies. The nature of living and environment of Bajau Laut may hinder the detection of the disease and the effectiveness of treatment. They live in houseboats (lepa, balutu, and vinta being the most common types) which generally accommodate a single nuclear family (usually five people) and often move about in the waters of Philippines and Indonesia.[1]

Given the nature of their life and limited access to healthcare, there is high chance of nonadherence to medication and lost to follow up which may pose a great challenge for optimal management of scabies infection. Being stateless and not having identifying documentation may further hinder the process of active case detection via contact tracing for better disease control in the population. However, the nature of living and environment of Bajau Laut may hinder the effectiveness of treatment.

They live in houseboats (lepa, balutu, and vinta being the most common types) which generally accommodate a single nuclear family (usually five people).[1] Thus, achieving the optimum management of scabies will be a challenge for them despite the treatment prescribed due to their living environment and limited health care access. In conclusion, this case report aims to highlight the importance for physicians not only to detect communicable skin diseases among indigenous population but also to recognizing the challenges for complete recovery, prevention, and disease control in the population.

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