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DRUG DESK

A Drug Information Update from the B.C. Drug and Poison Information Centre

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What drug should be used for treating scabies in a pregnant woman?

Scabies is a parasitic skin infestation caused by the human mite *Sarcoptes scabiei* var *hominis*.¹⁻³ Close person-to-person contact is the most common means of transmission of the mite.^{1,3} It can also be spread by sharing towels, bedding or clothing as the mites can survive 24-36 hours outside the host.²⁻⁵ Once on a human host, the female mite can be fertilized by the male and then after impregnation, the female burrows into the stratum corneum and lays eggs.¹ The eggs hatch in 3 to 5 days releasing larvae that develop into mature mites in 1 to 3 weeks.

An infected individual typically presents within 2 to 6 weeks after the initial infestation with intense pruritis which is worse with heat (e.g. hot baths) and at night, when the female is more active.^{1,5} The most commonly affected areas include the webs between the fingers and the flexor surfaces of the wrist, axillae, waist, feet and ankles.^{1,2} The face, scalp, neck, palms and soles can also be involved in infants and small children, but in the tropics both children and adults may have these areas affected.^{6,7} Scabies may therefore be difficult to differentiate from other types of skin disorders such as contact dermatitis, folliculitis, eczema, or psoriasis. However, severe pruritus that is worse at night and spares the head and neck makes the diagnosis of scabies more likely.^{1,2}

Although scabies is not considered a life-threatening condition, the infestation can be extremely uncomfortable, so a correct diagnosis and treatment is necessary. The selection of an appropriate agent in pregnancy should be based on safety and efficacy.

Permethrin 5% cream is considered the drug of choice for treating scabies in patients, including pregnant women.^{4,8-10} Percutaneous absorption of permethrin following topical application is poor ($\leq 2\%$); therefore, the risk of adverse effects is minimal.^{11,12}

Other scabicides considered safe for use during pregnancy are sulfur 5-10% in petrolatum and crotamiton 10%.² **Sulfur** is effective and it has a good safety profile; however, sulfur preparations can stain clothing and they are odorous.^{1,3,9,10}

Crotamiton 10% cream is not absorbed percutaneously and is considered safe in pregnancy although it is not effective as other therapies.^{1,3,12} Resistance to crotamiton has been reported.³ In addition, crotamiton may cause sensitization and can be irritating to raw, weeping skin surfaces.¹⁴

Although **lindane** 1% is effective for the treatment of scabies, it is not recommended during pregnancy due to dermal absorption and the risk of convulsions and aplastic anemia.^{6,15} Even though there have been no published reports of these toxicities or of congenital defects with the use of lindane in pregnancy, it should be avoided in pregnant women.

In addition to the above topical medications, oral **ivermectin** has been investigated and in one study was found to be as effective as permethrin.^{2,6,10} The most effective dose has been found to be 0.2 mg/kg every 14 days for 2 doses.^{2,6,7} The safety of ivermectin during pregnancy has not yet been established although it is thought that the risk to the fetus may be minimal.^{8,10,16,17}

Summary: Permethrin 5% cream is the preferred agent for treating scabies in a pregnant woman. Sulfur is an appropriate alternate choice that is also considered safe in pregnancy. Although crotamiton has a good safety profile, the cure rate with this agent is less than with permethrin and sulfur. Lindane should be avoided during pregnancy due to its potential toxicity. The safety of ivermectin during pregnancy has not yet been established, but it may be an option in the future.

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References available upon request.