Scabies
Acarid mites produce several skin manifestations in humans, the most common one represented by scabies, which is caused by the eight-legged itch mite *Sarcoptes scabiei* var. *nominis*, also referred to as *S. sarcoptes scabiei*. Animal pathogenic mites also affect the skin, although only transiently because the mites do not survive for an extended period of time.

Burrows are the pathognomonic lesions of scabies and are found mostly in the florid, papulovesicular type.
In some patients, itching nodules persist for several months after successful treatment, and therefore are

nodular scabies or persistent scabietic nodules. They are found most commonly on the scrotum and are
In a third, rare variant, the so-called Norwegian scabies or crusted scabies, innumerable mites are present.

*Histopathology.*
A definitive diagnosis of scabies can be made only by demonstration of the mite or its products. A very superficial scraping of a suspicious lesion with a scalpel blade may yield a positive preparation in a certain percentage of cases. However, the most reliable method is to demonstrate the mite or its products by histologic examination of a specimen containing a burrow. The mite has a rounded body and measures about 350 to 450 μm in length and 250 to 350 μm in width.

Histologic examination of a specimen containing a burrow reveals that the burrow in almost its entire length is located in the stratum malpighii.
In the papulovesicular form of scabies, spongiosis is present in the stratum malpighii near the mite to such a level that it is indicative of scabies. The dermal infiltrate in sections containing mites shows varying numbers of eosinophils.

In nodular or persistent nodular scabies, there is a dense, chronic inflammatory, often pseudolymphomatous infiltrate.
In Norwegian scabies, the thickened horny layer is riddled with innumerable mites, so that nearly every section shows several parasites.

Pathogenesis. Earlier scanning electron microscope studies revealed that...