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Hematological and Epidemiological Study for Patients Infected With Scabies

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Abstract

The current study conducted 250 clinically suspected cases of scabies infection and 30 cases of healthy patients who attended Al-Hakim Hospital and AL-Zahra Hospital in AL-Najaf province during the period from November 2016 to May 2017. This study is designed to determine the incidence of scabies in suspected clinical cases in the city of Al-Najaf by using a microscopic methods (light and electron) to determine the prevalence of this parasite and to provide an integrated picture of specialists, especially doctors and researchers, on the development of some blood standards in people infected with this parasite so that they can treat their patients.

After the direct microscopy tests for the diagnosis of parasite, the results of infection were 56 (22.4%) respectively, and varied according to gender, males were 34 (13.6%) and females 22(8.8%) respectively. While the number and percentage of infection after testing the technique of PCR were in males 40 (16%) and in females 20 (8%).

The study also examined the effect of some factors on the spread of this parasite, the most important being the education level and the socio-economic status. The number of infection percentage were 30 (50%) and 19 (31.66%) in the case of low socio-economic status and uneducated persons, respectively, while 1 (1.66%) in the good and the people at the university stage respectively.

The total number of white blood cells was significantly higher (P < 0.05) in males and females compared to control group due to the increase in the percentage of neutrophil and eosinophil, while the results showed no change in monocyte, lymphocytes and Basophil cells.

The current study shown that the blood parameters of hemoglobin levels and packed cell volume were significant decreased (P<0.05) in *Sarcoptes scabiei* patients in compared to control group. Whereas red blood cells count was non-significant (P > 0.05) in *S. scabiei* patients compared to control group.

We concluded from the current study that the infection of scabies influences on the some blood parameters such as PCV, hemoglobin and total and differential leukocytes in patients infected with scabies.

Keyword: Scabies, PCV, Najaf, Leukocyte.

INTRODUCTION

Sarcoptes scabiei is important obligate ectoparasites that lives and reproduces in the epidermis of skin for human and many mammalian hosts and causing scabies disease which lead to significant human and animal morbidity and mortality (Larry *et al.*, 2016).

Secondary infection may be occurring by scabies disease due to *Streptococcus pyogenes* and *Staphylococcus aureus* therefore scabies disease should not be neglected because it is quite high pathogenicity, the have many clinical manifestation such as irritation, redness of the skin, itching and hypersensitivity reactions and these not appear after 4-8 weeks, The incidence of scabies influences by many factors such as low personal hygiene, low socioeconomic, unhygienic circumstances, reduced ventilation ,dirty environment and very high density(Mika *et al.*, 2012; Engelman *et al.*, 2013; Yahmi *et al.*, 2016).

Even though seen of mites may not be easy the diagnosis of *S. scabiei* depend on the microscopic demonstration of mites and their eggs on skin scrapings (Ghubash, 2006; Janina *et al.*, 2016). Morphological identification is not suitable for diagnosis of *Sarcoptes* mites due to its small sized configuration (<0.4mm) and restricted morphological differences ,PCR is a main and accurate diagnosis method used in detection of parasites due to its sensitivity allows enzymatic amplification of gene fragments from small quantities of parasite material, which used for isolation, analysis of whole parasite interactions and immunology (Walton, 2004; Shumaila *et al.*, 2013).

MATERIAL AND METHODS

Detection of *Sarcoptes scabiei* by light and electron microscope

Surgical needle was using to open a burrow with a straight cutting and then scrapped longitudinally with a sharp border of a lancet. The material thus obtained was mounted on a glass slide with a drop of mounted media (KOH + Glycerin 1:1) and examined under low power microscope (Samina *et al.*, 2016)

Blood Specimens collection

Five ml was the total blood collected from each clinical suspected person with *S. scabiei* infection and healthy persons as control group by disposable syringe, 4.5 ml of blood kept at room temperature for 30 minutes. The blood samples have been centrifuged at 3000 rpm for 5 minutes to isolated of serum and have been collected in other sterile tubes, each sample of serum was distributed into sex parts; each of them was kept in deep freeze at -20C °until used for serological test and other part of blood 0.5 ml from each of blood samples were drawn in EDTA tubes for Haematological Assessments. From each patient the scarping skin sample which used to DNA extraction for molecular study.

Hematological Methodology

Procedure

Differential count was performed by using CYANHemato analyzer (automatic hematology analyzer. Catalog No.CY006, Diagnostic, Langdorpseteenweg 160, B-3201 Belgium).

RESULTS

Incidence and detection of Sarcoptes scabiei

The parasite was identified after examinations of the scraping skin specimens by using light and electron microscopic method, the number and percentage were fifty six 56 (22. 4 %) receptively, 34 (13.6%) male and 22 (8.8%) female, as revealed in table (1), patients were infested by distinguishing ova, larva and adult of *Sarcoptes scabiei* as seen in figures (1), (2) and (3).

Table 1.	Incidence	of Sarcontes	scabiei among	suspected	natients
Table 1.	incluence	of Sarcopies	scuviei among	suspecteu	patients.

Method	Patient population	No. Exam.		itive ses	0	ative ses
	population		No.	%	No.	%
Light and	male	150	34	13.6	116	46.4
electron	female	100	22	8.8	78	31.2
microscope	Total	250	56	22.4	194	77.6



Fig. 1: Sarcoptes scabiei ova in skin scraping at (X40)



Fig. 2: Sarcoptes scabiei larva in skin scraping at (x40)



Fig. 3: Sarcoptes scabiei adult in skin scraping at (X40)

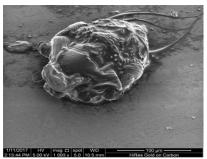


Fig. 4: Electron microscopic scanning of *Sarcoptes scabiei* adult in skin scraping.

Socio-Economic status and Education level

The results of the current study shown the occurrence of *S. scabiei* infestation was the highest in the Illiterate persons who had the number and percentage of 30 and 50% respectively. Flowed by low standard of living 19 and 31.66 % respectively. Then persons who had school education 5 and 8.33% respectively, and at intermediate level was 4 and 6.66% respectively, and the lowest incidence of infection was in person who have high school and college education and good Socio-economic status that were equal in percentage rate 1 and 1.66 % respectively, as seen in Tables (2) and (3).

Table 2: The relationship between Education Level and Infestation with Sarcoptes scabiei.

Level of Education	Posit	Positive cases		
Level of Education	No.	%		
High school and College	1	1.66		
Primary Schools	5	8.33		
Illiterate	30*	50		

*The highest infestation with Sarcoptes scabiei.

Table (3): The relationship b	between the Socio-economic
Status and Infestation	with Sarcoptes scabiei.

Standard of living	Positive cases		
Sumura of hying	No.	%	
Good	1	1.66	
Intermediate	4	6.66	
Low	19*	31.66	

* The highest infestation with *Sarcoptes scabiei*.

Blood parameters

The results of the current study revealed no differences in red blood cells count in male and female infestation with *S. scabiei* compared to the healthy group, whereas as a significant decrease (P < 0.05) in the concentration of hemoglobin and packed cell volume in male and female infestation with *S. scabiei* compared to the healthy group as shown in Table (4).

Table 4: Comparison between Blood Parameters in
Patients infestation with Sarcoptes scabiei and Control
Group

Group.					
Blood paramet ers	Patients male (n=28)	Control group of male (n=14)	Patients female (n=16)	Control group of female (n=8)	
PCV (%)	30.806 ± 0.715*	38.838 ± 0.049	$32.839 \pm 0.073*$	39.979 ± 0.198	
Hb g/dL of blood	8.978± 0.142*	14.021 ±0.304	9.041 ±0.802*	13.021 ±0.890	
RBCs X10 ⁶ / mm3	4.631 ±0.083	5.098 ± 0.092	4.737 ± 0.082	4.959 ± 0.190	

* Significant difference P<0.05 between patients and control group.

Leukocyte Count

Differential Leukocytes Percentage %

The result of differential type of leukocytes identified significant increase (P < 0.05) in neutrophil and eosinophil in patients suffering from *S. scabiei* compared to control group .whereas non-significant (P > 0.05) change in the number of lymphocyte, monocyte and basophil in patients group compared to control group, as seen in Table (5).

Total Leukocyte Count (X10³/ mm³)

The result of study revealed significant increase (P < 0.05) in TLC in patients infected with *S. scabiei* parasite compared to the control group, as seen in table 4.

Table 4: Differential Leukocyte and Total Leukocyte Count Percentage in Patients Suffering from Sarcoptes scabiei Infestation and Control Group.

Parameters	Patients female (n=16)	Control of female group (n=8)	Patients male (n=28)	Control group of male (n=14)
Basophil %	1.098	1.132	1.092	1.814
-	± 0.067	± 0. 091	± 0. 091	± 0. 073
Neutrophil %	54.981	52.001	54.681	52.071
	± 0.185	± 0. 041*	±0.143*	± 0.019
Eosinophil %	6.090	4.989	$4.024 \pm$	$3.087 \pm$
Eosmophii 76	$\pm 0.091*$	± 0.071	0.170*	0.065
Managerta 9/	6.088	6.901	7.920	8.954
Monocyte %	± 0. 132	± 0.196	± 0.019	± 0.102
Lymphocyte	33.081	35.026	33.012	33.926
%	± 0.017	± 0.074	± 0.082	± 0.074
TLC (X10 ³ /	$7.910 \pm$	6.211 ±	$7.088 \pm$	$5.954 \pm$
mm ³)	0.282*	0.176	0.133*	0.411

* Significant difference P<0.05 between patients and control group

DISCUSSION

The present study revealed that relationship between the Socio-economic factor and education level of patient with scabies infestation may be due to malnutrition and low levels of public health sanitation with (Stanton et al., 1987; Green, 1989; Heukelbach and Feldmeier, 2006; Zeba et al., 2014). The present study agreed with study of Samina et al., (2016) who recorded that scabies was more prevalent among lower and middle socio-economic classes as compared to upper classes which are in line noticed that more than 70% of their patients belonging to low socioeconomic group. Also Feldmeier and Heukelbach (2009) and Ursani and Baloch (2009) recorded that illiteracy and low standard of education are the factor responsible for the distribution of scabies. Some earlier workers (Sachdev et al., 1982; Feldmeier and Heukelbach, 2007; Poudat and Nasirian, 2007; Shah et al., 2010; Onoja, 2013; Zeba et al., 2014) also recognized overcrowding as a prominent feature for the spread of scabies. Studies indicated that more families without scabies owned the house they were living in, had electricity, good sanitary condition, belonged to well-educated families than those who apparently experienced scabies. The results of study have revealed a significant decrease in concentration of Hb and PCV in male and female patients with Sarcoptes scabiei infection compared to control group. While non- significantly differences RBCs count in all patients male and female infected with S. scabiei in compared with control groups.

This result may be due to associated with anemia at later stages of infested with *S. scabiei* parasite and may be due to disabsorption of vitamins and iron Similar results have also been reported in rabbits and dogs with severe and short term advanced sarcoptic mange (Arlian *et al*; 1988a, 1995; Jardim-Botelho *et al.*, 2008; Onoja, 2013).

The results also recorded a decrease in level of PCV in male and female patient with *G. lamblia* parasite compared to control group; this result may be due to decrease in mean corpuscular volume (MCV) caused by decreased level of Hb in RBCs (Hesham and Edariah , 2003; Onoja, 2013; Saleem, 2016).

The results of this study indicated a significant increase in leukocytes; these due to an increase in the number of neutrophils and eosinophil because the infection with this parasite causes stimulation immune system of host humeral and cellular (Quihui, 2010 & Quihui-Cota, 2012; Onoja, 2013).

The results conducted eosinophilia associated with patients who suffering from *S. scabiei* infection. The reason for this observation maybe attributed to allergy disorder which is one of symptoms of *S. scabiei* infection and may be due to cellular respond due to the parasite infestation. This allergy causes increase IgE antibody in blood stream and these may lead to increase in the eosinophil because the receptor of IgE found on the surface of eosinophil and mast cell in human (Prieto-Lastra, 2006; Onoja, 2013;Hiro (2014) reported that increase in eosinophil in patients with parasite could produce some kinds of allergens which could reach some a deeper layer of intestine mucosa during infection and thus cause an increase in the number of eosinophils in patients this parasite in compared with control group.

CONCLUSION

Sarcoptes scabiei has an important role in change of some blood parameters levels such as RBCs, PCV, Hb, Total and differential blood leukocytes in patient infested with scabies. Also these results provide the relationship between *S. scabiei* infestation and Socio-economic factor and education level.

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CONFLICT OF INTERESTS:

There are no conflicts of interest.

REFERENCES

- Arlian, L.G., Ahmed, M. and Vyszenki-Moher, D.L. Effects of Sarcoptes scabiei var canis (Acari: Sarcoptidae) on blood indexes of parasitized rabbits. Journal of Medical Entomology, 1988a, 25: 360-369.
- [2] Chizzolini C, Chicheportiche R, Alvarez M, de Rham C, Roux-Lombard P, Ferrari-Lacraz S *et al.* Prostaglandin E2 (PGE2) synergistically with interleukin-23 (IL-23) favors human Th17 expansion. Blood, 2008; 112: 3696–3703.
- [3] Emmerson E, Campbell L, Ashcroft GS, Hardman MJ. Unique and synergistic roles for 17betaestradiol and macrophage migration inhibitory factor during cutaneous wound closure are cell type specific. Endocrinology, 2009; 150:2749–2757.
- [4] Engelman D, Kiang K, Chosidow O, McCarthy J, Fuller C, Lammie P, Hay R, Steer A. Toward the Global Control of Human Scabies:

Introducing the International Alliance for the Control of Scabies. PLOS Neglected Tropical Diseases, 2013; 7 (8): 1-4.

- [5] Feldmeier H, Jorg Heukelbach J. Epidermal parasitic skin diseases: a neglected category of povertyassociated plagues. Bulletin of the World Health Organization, 2009; 87: 152-159.
- [6] Frédéric Beugnet, Christa de Vos2, Julian Liebenberg. Lénaïg Halos1,Diane Larsen1, Josephus Fourie. Efficacy of afoxolaner in a clinical field study in dogs naturally infested with Sarcoptes scabiei, Parasite, 2016; 23, 26.
- [7] Ghubash R. Parasitic miticidal therapy. Clin Tech Small Anim Pract. , 2006;21: 135–44.
- [8] Gilliver SC, Emmerson E, Bernhagen J, Hardman MJ. MIF: a key player in cutaneous biology and wound healing. Exp Dermatol. 2011; 20:1–6. [PubMed: 21158933].
- [9] Gilliver SC, Ruckshanthi JP, Hardman MJ, Nakayama T, Ashcroft GS. Sex dimorphism in wound healing: the roles of sex steroids and macrophage migration inhibitory factor. Endocrinology., 2008; 149:5747–5757.
- [10] Green MS. Epidemiology of scabies. Epidemiologic Review, 11: 126-150.
- [11] Guaguère E, Beugnet F.. Parasitic skin conditions, in A Practical Guide to Canine Dermatology. Guaguère E, Prélaud P, Craig M, Editors. Kalianxis: Paris, 2008; 179–226.
- [12] Hardman MJ, Waite A, Zeef L, Burow M, Nakayama T, Ashcroft GS. Macrophage migration inhibitory factor: a central regulator of wound healing. Am J Pathol., 2005; 167:1561–1574. [PubMed: 16314470].
- [13] Hesham M. S. and Edariah A. B. Intestinal parasite infections and micronutrient. *Medical. J. Malaysia*, 2003; 58(2).
- [14] Heukelbach J, Feldmeier H. Scabies. Lancet, 2006; 367: 1767-1774.
- [15] Hiro M. O. The Effect of Entamoeba Histolytica and Giardia Lamblia Infection on Some Human Hematological Parameters. Journal of Natural Sciences Research, 2014; 4(12): 2224-3186.
- [16] Janina Taenzler, Julian Liebenberg, Rainer K. A. Roepkel, Régis Frénais, Anja R. Heckeroth. Efficacy of fluralaner administered either orally or topically for the treatment of naturally acquired Sarcoptes scabiei var. canis infestation in dogs, France; Parasites & Vectors, 2016; 9:392.
- [17] Jardim-Botelho A.; Raff S.; Hoffman R. R. A.; HJ D.D.J.; Corrêa-Oliveira R.; Bethony J. M. and Gazzinelli M. F. Hookworm, Ascaris lumbricoides infection and polyparasitism associated with poor cognitive performance in Brazilian schoolchildren. *Trop Med Int Health*, 2008; 13:994–1004.
- [18] Larry G. Arlian, Marjorie S. Morgan, S. Dean Rider Jr. Sarcoptes scabiei: genomics to proteomics to biology, Parasites & Vectors, 2016; 9:380.
- [19] Mika A, Reynolds SL, Pickering D, McMillan D, Sriprakash KS, Kemp DJ, Fischer K. Complement Inhibitors from Scabies Mites Promote Streptococcal Growth – A Novel Mechanism in Infected Epidermis. PLOS Negleted Tropical., 2012; 6 (7): 1563-1574.
- [20] Miller WH, Griffin CE, Campbell KL, Muller GH.. Muller and Kirk's Small Animal Dermatology. 7th edition. Elsevier Mosby: St Louis, Missouri, 2013; 952.
- [21] Napolitani G, Acosta-Rodriguez EV, Lanzavecchia A, Sallusto F. Prostaglandin E2 enhances Th17 responses via modulation of IL-17 and IFN-gamma production by memory CD4+ T cells. Eur J Immunol, 2009; 39: 1301–1312.
- [22] Onoja, ibe remigius. cutaneous and systemic pathologic responses of the west frican dwarf goat to *sarcoptes scabiei* infestation .university of Nigeria, nsukka,2013;1-87.
- [23] Poudat A, Nasirian H. Prevalence of pediculosis and scabies in the prisoners of Bandar Abbas, Hormozgan province, Iran. Pakistan Journal of Biological Sciences, 2007;10: 3967-3969.

- [24] Prieto-Lastra L.; Pérez-Pimiento A.; González-Sánchez L. A. and Iglesias- Cadarso A. Chronic urticaria and angioedema in *Giardia lamblia* infection. Med Clin (*Barc*),2006;126:358-9.
- [25] Quihui L.; Morales G. G.; Méndez R. O.; Leyva J. G.; Esparza J. and Valencia M. E. Could giardiasis be a risk factor for low zinc status in schoolchildren from northwestern Mexico? A cross-sectional study with longitudinal follow-up.*BMC Public Health* ,2010; 10: 85 [PMID: 20170531 DOI: 10.1186/1471-2458-10-85].
- [26] Quihui-Cota L.; Méndez Estrada R. O.; Astiazarán-García H.; Morales-Figueroa G. G.; Moreno-Reyes M. J.; Cuadras-Romo D. and Canett-Romero R. Changes in serum zinc levels associatedwith giardiasis and dietary zinc intake in mice. *Biol Trace Elem Res*, 2012; 145: 396-402 [PMID: 21952867 DOI: 10.1007/s12011-011-9208-5..
- [27] Rouhullah Dehghani, Babak Vazirianzadeh, Seyed Hossien Hejazi, Negien Jalayer. Frequency of *Sarcoptes scabiei* infestation in atients referred to the parasitology laboratory in Isfahan, Iran (1996-2002). Jundishapur Journal of Microbiology, 2009; 2(2): 65-70.
- [28] Russell RC, Otranto D, Wall RL. The Encyclopedia of Medical & Veterinary Entomology. Ed CABI: UK, 2013; 429.
- [29] S. F. WALTON. The immunology of susceptibility and resistance to scabies, University of the Sunshine Coast, Australia; Parasite Immunology, 2010; 32: 532–540.
- [30] Sachdev TR, Gulati PV, Prasad PA. Study on prevalence of scabies in a resettlement colony (slum area)and its association with some socio-cultural and environmental factors. Journal of Indian Association for Communicable Diseases, 1982; 5(3-4): 88-91.
- [31] Saleem k. A. Al-Hadrawy. international journal of scientific engineering and technology research, 2013; 2: 1416-1419.
- [32] Samina Yasmin; Suleman; Hanif Ullah; Mian Sayed Khan. Epidemiological study of scabies in district Haripur, Pakistan, Hazara University, Mansehra, Pakistan; Arthropods, 2016 ; 5(4): 151-161.
- [33] Shah N, Abro MA, Abro AA, Khan A, Anwar F, Akhtar H. Disease pattern in earthquake affected areas of Pakistan: data from Kaghan valley. Journal of Ayub Medical College, 2010; 22(3): 81-86.
- [34] Shumaila naz, dilwar abbas rizvi, amara javaid, muhammad ismail, farhana riaz chaudhry. Validation of PCR Assay for Identification of Sarcoptes scabiei var. hominis, University of Pir Mehr, *Iranian J Parasitol:* ,2013;8 (3):437-440.
- [35] Stanton B, Khanam S, Nazrul H, Nurani S. Khair T. Scabies in urban Bangladesh. Journal of Tropical Medicine and Hygiene, 1987; 96: 219-226.
- [36] Ursani NM, Baloch GH. Scabies epidemic at Tando Muhammad Khan, Sindh. Journal of Pakistan Association of Dermatologist, 2009; 19: 86-89.
- [37] Walton SF, Dougall A, Pizzutto S, Holt D, Taplin D, Arlian LG, Morgan M, Currie BJ, Kemp DJ. Genetic epidemiology of *Sarcoptes scabiei* (Acari: Sarcoptidae) in northern Australia. Int J Parasitol., 2004; 34: 839-849.
- [38] Yahmi Ira Setyaningrum ; Mohamad Amin; Utami Sri Hastuti ; Endang Suarsini .2016. Life Cycle Sarcoptes scabiei and Pathogenicity Mite in Boarding School Malang, Indonesian; Malang State University, International Journal of ChemTech Research, 2016,9(3),pp 384-389.
- [39] Zeba N, Shaikh DM, Memon KN, Khoharo HK. Scabies in relation to hygiene and other factors in patients visiting Liaquat University Hospital, Sindh, Pakistan. International Journal of Science and Research, 2014; 3(8): 241-244.