

List of medical conditions that could trigger uncomfortable dermal sensations and specific laboratory tests.

Table 1. Medical conditions that could trigger patients into thinking they have parasitic activity on or in the body. Sensations of pricking, stinging, crawling, itching, and/or burning accompanied by red spots, and/or rashes etc. as well as mental imagery (in some people, the mind projects phantom images perceived as real living organisms) can actually be undiagnosed underlying medical, drug induced, or environmental conditions that lead people to believe they are being attacked by mites' insects, or other parasites. The skin is expressing a symptom of illness and is being misunderstood.

<p>Acne vulgaris. Allergies: food, tree, grass, weed, dust mites, mold. AIDS/HIV. Alcoholism. Alzheimer's dementia. Anemia including pernicious anemia. Antibiotics (Erythromycin; reaction 10 days' post treatment). Ciprofloxacin (Steinert 2006). Anxiety. Atopic dermatitis. Autoimmune disease (incl. Multiple sclerosis, Lupus erythematosus, Wegener's granulomatosis (Schmoll 2011)). Bullous pemphigoid (autoimmune disease). Cancer (incl. carcinoma, chronic lymphocytic leukemia, lung cancer, multiple myeloma or neoplasia). Cannabis use; legal or illegal (can cause Schizophrenic ideation). Carbon monoxide poisoning. Carcinoma (type of skin cancer). Caterpillar dermatitis (brief exposure to toxic hairs). Cholestasis (reduced bile flow from liver). Cirrhosis (late-stage liver disease). Congestive heart failure. Covid (long-Covid) Degenerative joint disease. Dementia-related psychosis. Depression (intense itching). Dermatitis herpetiformis (autoimmune disease). Diabetes mellitus. Dopamine transporter system (DAT) failure. Dopamine agonists. Dry skin. Encephalitis (brain inflammation). Endocrine abnormalities (blood biochemical regulation). Estrogen deficit. May lead to DAT failure. Family medical histories (inherited genetic conditions).</p>	<p>Lichen simplex chronicus. Lymphoma. Medically induced delusions of parasitosis (MIDP). Meningitis (central nervous system membrane inflammation). Menopause. Mental retardation. Munchausen (mental disorder of fake illness to get attention). Neuropathy including peripheral neuropathy. Neoplasia (abnormal tissue growth). Neurotic excoriation disorder. Neuropsychiatric delusion cause by some Tropical diseases. Niacin overdose. Nocturnal pruritus. Obsessive compulsive disorder (OCD). Opioids. Oncostatin M (OSM) high levels cause chronic itch. Parasthesia (pins and needles). Parkinson's disease. Parkinsonian medications. Pemphigoid (dermal blistering and rashes). Pesticide exposure. Poison Ivy exposure causing long term formication. Polycythemia Vera (elevate red blood cells). Polypharmacy (Kogame et al. 2021). Poor nutrition. Postpartum depression. Power of suggestion. Prescription drugs. Pregnancy. Prurigo Nodularis. Psoriasis. Psychodermatosis such as Onychotillomania. Pulmonary diseases (heart and lung disease). Renal diseases. Restless leg syndrome. Rheumatoid arthritis. Seborrheic dermatitis and atopic dermatitis.</p>
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<p> Fatigue. Fiberglass dermatitis. Fibromyalgia (pain disorder after illness or trauma). Fluoride poisoning. Folate deficiency. Frontolimbic network. GERD. Grover's disease. Hallucination. Heavy metal toxicity. Hemochromatosis (liver disease). Hepatic disease (alcoholic fatty liver disease). Hepatitis B and C. Herpes zoster infection. Human immunodeficiency virus. Huntington's disease. Hyper awareness of normal nerve end firing. Hypertension (high blood pressure). Hyperthyroidism & Hypothyroidism (5% of population; presents as itching and anxiety). Hypochondria. Hypoglycemia (low blood sugar). Hyperlipidemia. Hypovitaminosis including B12 deficiency. Hysteria. Illegal drug use especially amphetamines (Cocaine, Cannabis Magnan's sign). Illegal drug use withdrawal (Mowla & Asadipooya 2009). Interferon therapy (Robaeys 2007). Insect phobia. Internet surfing and falling victim to confirmation bias. Intestinal bacterial flora imbalance. Irritable Bowel Syndrome. Itch (neurological abnormalities). Jaundice. Lack of sleep as a contributing factor. Small fiber polyneuropathy (peripheral neuropathy through somatosensory pathways). Sleep apnea. Some seizure medications. Steroids. Stress. Stroke. Subdural hematoma (Floris et a. 2008). Syphilis. </p>	<p> Schizoaffective disorder. Schizophrenia. Several autoimmune diseases including Multiple Sclerosis and Shingles and/or history with Chickenpox. Scleroderma. Shock and/or trauma with possible PTSD. Thiamine deficiency. Trauma to the head (Altunay et al. 2012) Travel to Tropics within a year.. Trichotillomania disorder. Tropical disease (Neurocysticercosis, Malaria, Trypanosomiasis, Dengue, Schistosomiasus (Morys et al 2015). Tuberculosis. Uremia (kidney and/or bladder disease; hyperuricemia). Urticaria. Vitamin B12 deficiency. Zinc deficiency. </p>
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Additional laboratory tests for patients with unusual dermal symptoms.

Complete blood count and differential	Serum calcium
Age-appropriate cancer screening	Serum creatinine
Albumin	Serum Creatinine
Antinuclear antibody	Serum electrolytes
Blood urea nitrogen	Serum glucose
C-reactive protein	Serum Ig E (immunoglobulin E)
Erythrocyte sedimentation rate	Thyroid function tests
Folate	Total protein
Folate	Urinalysis
Hepatitis C	Urine toxicology (look for drug use)
HIV testing	Vitamin B 12
Iron studies	Brain scan including limbic system
Liver function tests	Rapid plasma regain test for syphilis
Phosphorus	Rheumatoid factor
Pregnancy test if of childbearing age	