A case of altered clinical picture of extensive tinea corporis (tinea as a great mimicker)

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Tinea corporis is a superficial dermatophyte infection. This is a case report of a 45-year-old female presenting with a history of erythematous raised lesions with itching all over the body since one year ago. Based on clinical findings, the lesions were diagnosed as tinea corporis. A KOH smear was carried out and results were negative probably due to application of steroids, and a histopathological examination was done. On histopathological examination, the patient was proved to have dermatophytosis caused by *Trichophyton mentagrophytes*. The patient was successfully treated with oral itraconazole 200mg once a day and griseofulvin 250 mg once a day along with 2 % ketoconazole for topical application.

Keywords: tinea corporis, itch, dermatophyte

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INTRODUCTION

Tinea corporis is a routine dermatophytosis in Asia [1]. Tinea corporis is a localized cutaneous dermatophyte infection. This is very common in immunocompromised patients, and *trichophyton rubrum* is the most common pathogen [2]. Trichophyton is a fungi causing skin disease in humans and animals. *Trichophyton mentagrophytes* can cause a series of infections affecting the feet, face and body. Here, we present a case of a 45-year-old lady with extensive itching all over the body.

CASE PRESENTATION

A 45-year-old lady referred to our outpatient department with multiple red raised lesions all over the body during the past year with extensive itching. She had severe itching, and her quality of life was affected by that. She had a history of self-medication, and she took some ayurvedic medicines and topical steroid combinations.

The differential diagnoses were small plaque parapsoriasis, tinea corporis, and pityriasis rosea.

On cutaneous examination, multiple concentric plaques varying in size approximately from 2×3 cm to 4×6 cm were present all over her body with scaling.

A KOH smear was done, but the result was negative probably due to application of ayurvedic and steroid preparations. A punch biopsy was also conducted and the diagnosis of tinea was confirmed.

We gave her a combination of two antifungal drugs itraconazole and griseofulvin as systemic drugs and ketoconazole 2% lotion for 1 month. Itraconazole was given 200mg once a day and griseofulvin was given 250mg once a day. She took the treatment for one month, and the results were amazing. She had a smile on her face and was very happy to get rid of the fungal infection (Figures 1, 2).

DISCUSSION

Nowadays, in developing countries, it is extremely important to consider tinea infections in

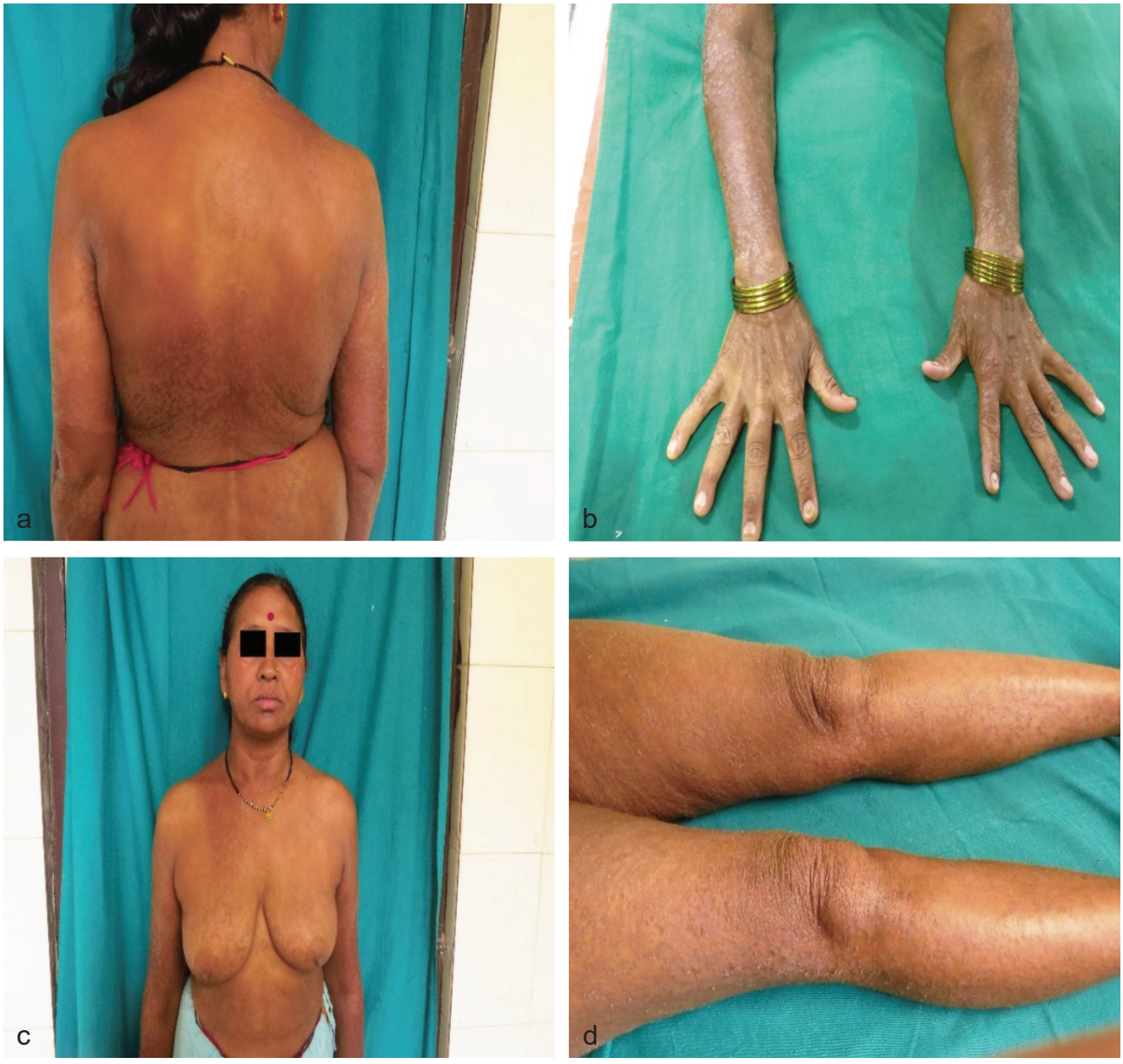

Figure 1. Before the treatment.

the differential diagnosis list when a patient with itchy scaly plaques refers to the clinic. Hence, we can state that dermatophytes have learnt the art of mimickery, and we need to catch these mimickers. Dermatophytes are a group of fungi having the capacity to invade keratinized tissues (skin, hair and nails) of humans and other animals to cause acute and chronic dermatophytosis. It is prevalent throughout the world, depending on peoples' habits and living conditions [2]. The infection of the crural area is frequently caused by *Trichophyton Rubrum* [3]. Tinea corporis, is mainly caused by *Trichophyton rubrum*.

CONCLUSION

We presented this case to make dermatologists aware that tinea is a great mimicker these days, and tinea corporis should always be in the differential diagnoses list of itchy scaly lesions, especially in developing countries.

Conflict of Interest: None declared.

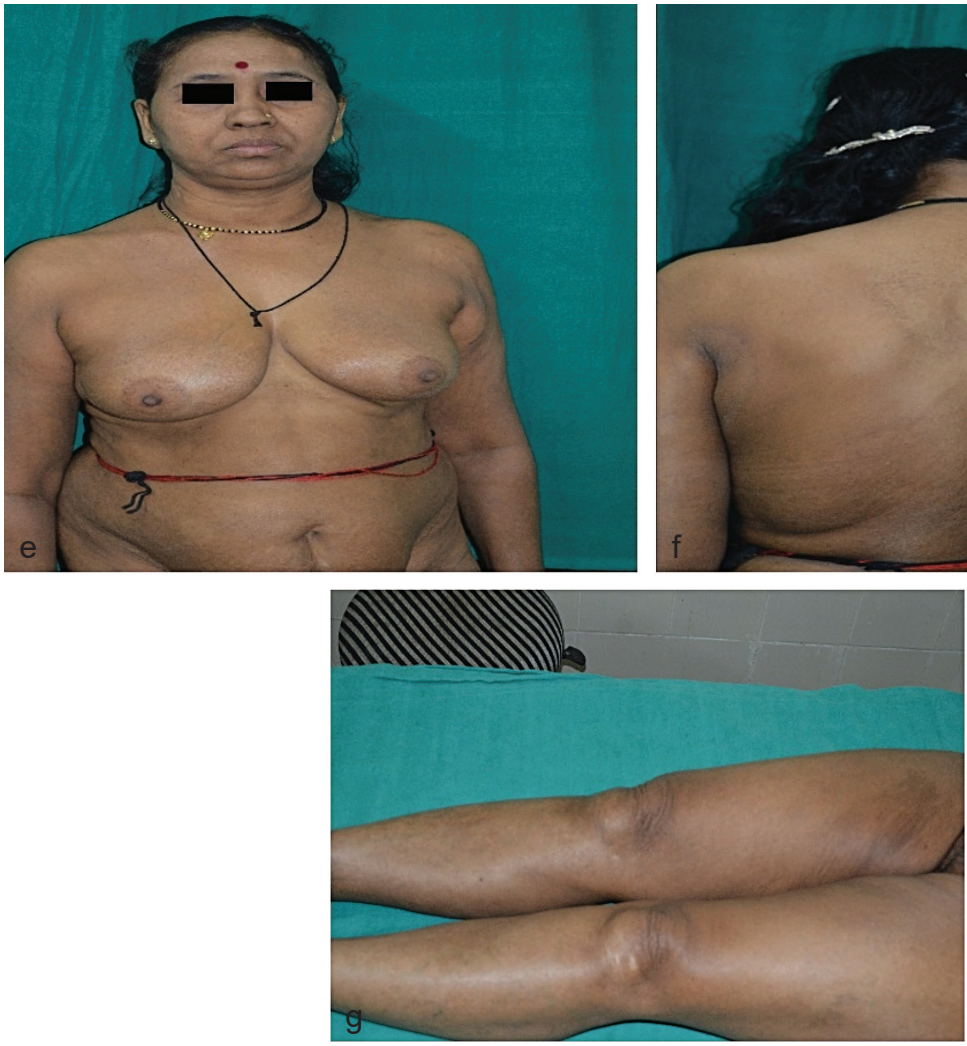

Figure 2. After the treatment.

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