RARE ISOLATION OF TRICHOPTHYTON VIOLACEUM FROM A CASE OF TINEA INCOGNITO: CASE REPORT

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ABSTRACT
Tinea incognito is a fungal infection of skin with altered clinical presentation due to topical application of corticosteroids. Trichophyton violaceum is a rare cause of tinea incognito. Here, we report a case of localized infection of tinea corporis which turned into tinea incognito by inappropriate use of topical corticosteroid cream.

KEY WORDS: Tinea incognito, Dermatophytes, Trichophyton violaceum, steroids.

CASE PRESENTATION
A nine year old male child presented to dermatology outpatient department with chief complaints of erythematous scaly patches of variable sizes over front of neck since last one year (Fig 1). Child was also complaining of itching over the affected area. Child’s mother gave history of application of some cream over affected area on and off which was prescribed by a local practitioner. History of remission and recurrence of lesion was present. On recurrence the lesion was spreading and increased in size every time. On examination no other lesion was found over any other body part. No systemic illness was present. No significant family history was present. Skin scrappings were collected from the margin of lesion and processed for microscopy and fungal culture. Long, thin, hyaline, septate, branched hyphae were seen on KOH mount (Fig 2). Culture was put on saboraud’s dextrose
agar (SDA) with chloramphenicol and SDA with cyclohexamide. Colonies were slow to grow. After four weeks of incubation growth was purple-reddish in color, folded and waxy (Fig 3). Lactophenol cotton blue and KOH preparation was made from culture growth on SDA. On microscopic examination hyaline, septate, branched hyphae were seen. Hyphae were distorted and sterile. Many intercalary and terminal chlamydoconidia were seen. Swollen hyphal cells were also seen (Fig 4). Child was put on oral antifungal treatment.

Figure 1: Child with multiple scaly lesions on neck

Figure 2: Direct KOH mount of skin scrappings showing hyaline branched hyphae
DISCUSSION

Tinea incognito is an atypical dermatophytosis caused by inappropriate use of topical corticosteroids for the treatment of original skin infection caused by dermatophytes. The clinical presentation is altered, lesions are less scaly, more pustular, more extensive, irritable and have less raised margins. Any dermatophyte causing tinea corporis may cause tinea incognito. Several case reports from different geographical areas have reported *Trichophyton rubrum, Trichophyton mentagrophytes* and *Microsporum gypseum* as the causative agents of tinea incognito.[1-3] Due to variable clinical presentation of tinea incognito, this condition is often misdiagnosed and mistreated. Therefore, microbiological examination of such cases should be done so that appropriate treatment can be given and spread of the agent can be controlled.[4]
Trichophyton violaceum is an anthropophilic fungus causing chronic inflammatory or non-inflammatory finely scaling lesions of skin, nails and scalp. This is a highly contagious fungus found throughout the world. However, this fungus is not a very common cause of tinea incognito. A 15 year survey from Italy showed that T. violaceum was the least common dermatophyte isolated from cases of tinea incognito.\textsuperscript{[5]} We report a patient who had tinea incognito caused by T. violaceum attending our teaching tertiary care hospital in North India.

REFERENCES