One of the interesting aspects of this project is that, in addition to learning more about the father of Spanish dermatology, the NLM provided an opportunity to take photographs (thanks to Light, Inc. and the photographer Jeff Knab). In this way it was possible to document some of the covers of Olavide’s works (Figures 1 and 2).

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To Jeff Knab of Light Incorporated, for the magnificent photographs of Olavide’s books in the NLM.

References


Proximal White Subungual Onychomycosis Due to Fusarium Species

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To the Editor:

Proximal white subungual onychomycosis (PWSO) is the most unusual presentation of onychomycosis. *Trichophyton rubrum* is the most common causative agent, although other species such as *Trichophyton megninii*, *Trichophyton schoenleinii*, *Trichophyton tonsurans*, *Trichophyton mentagrophytes*, and *Epidermophyton floccosum* have also been implicated.

The condition has traditionally been reported in immunodepressed patients, above all those with human immunodeficiency virus (HIV) and in other immunodeficiencies. In recent years cases of PWSO have also been diagnosed in immunocompetent patients, and we report a new case of this.

The patient was a 19-year-old man receiving treatment for nodulocystic acne with oral isotretinoin and no other relevant history, who presented an abnormal toenail with onset several months previously. There had been no known previous trauma and the infection did not respond to the application of a topical antifungal agent prescribed by his family physician.

On examination, the nail plate on the right great toe revealed discreet subungual hyperkeratosis together with a creamy-white color on the proximal third of the nail with involvement of the nail matrix (Figure). There was no

Figure 1. Whitish color on the proximal third of the nail plate and matrix.

Figure 2. Proximal White Subungual Onychomycosis Due to *Fusarium* Species

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A 29-year-old Caucasian woman with nodular and cystic acne refractory to other therapies began treatment with 40 mg/d isotretinoin after providing written informed consent. The patient was taking no other medication except oral contraceptives (ethinylestradiol and cyproterone acetate), which she had begun 3 years earlier. The contraceptive medication was maintained. All laboratory test results prior to treatment (including biochemistry and blood counts) were normal.

A month later, the acne had improved significantly and treatment with isotretinoin was well tolerated, except for cheilitis. Further biochemistry and blood counts were normal. No other medication was prescribed during this period.

Six months after beginning treatment, the patient visited our department due to spontaneous vaginal bleeding that had begun 10 days earlier and was not related to menstruation. A petechial exanthema was visible on the torso and limbs. A

References