

IMAGES IN DERMATOLOGY

Dermatophytosis Mimicking Psoriasis: A Classic Presentation of Steroid Treated Tinea

Dermatofitosis que remeda psoriasis: presentación clásica de tiña tratada con esteroides

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Figure 1

A 40-year-old female came with itchy, large plaque with silvery scales covering anterior trunk, groin (Fig. 1a) and buttocks since 8 months. There was no central clearing. The patient used non prescriptional topical preparation containing mixtures of Clobetasol propionate 0.05%, and Clotrimazol 1%. Laboratory investigations including complete blood count, blood sugar level, thyroid, renal and liver

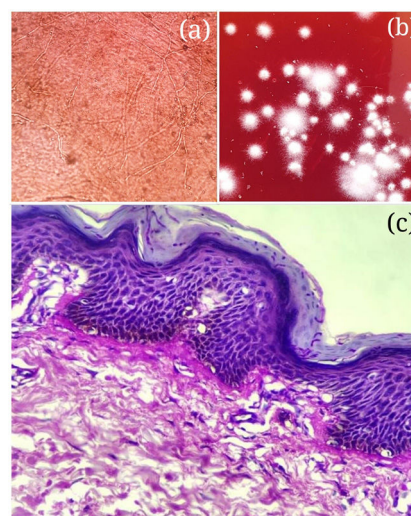


Figure 2

function tests were within normal limits. Test for HIV was negative. We kept differential diagnosis as psoriasis vulgaris, mycosis fungoides and psoriasiform dermatophytosis. Potassium hydroxide mount demonstrated septate fungal hyphae (Fig. 2a). Fungal culture showed white cottony colonies of *T. Rubrum* on Sabouraud's agar (Fig. 2b). Histopathology showed focal parakeratosis, focal spongiosis, with fungal

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hyphe in hyperplastic epidermis. PAS stain confirmed dermatophytosis (Fig. 2c).

Itraconazole 100 mg twice daily along with Sertaconazole 1% cream and levocetirizine 5 mg showed good improvement after one month (Fig. 1b). It was continued for further 2 months till complete recovery.

Psoriasiform dermatoses constitute disorders which clinically and/or histologically resemble psoriasis. Atypical lesions of tinea can be seen in both immune-competent and

immune-compromised patients. Immunosuppressant effect of topical corticosteroids can lead to reduced local inflammation which allows slow growth of fungus and less erythema or scaling giving psoriasis like appearance.

Unscrupulous self medication of potent topical creams for dermatophytosis is dangerous and often results into highly infectious chronic progressive and treatment resistant tinea infection.