QUIZ

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A Qatari female 31-year-old – came complaining of a lesion of the Right cheek extending to upper eyelid. [Fig.1, 2] The lesion was itchy red erythemato-papulovesicular with ill-defined margin of 3-months duration. She was diagnosed as contact dermatitis and treated with topical steroid but did not respond and the lesion got worse.

What is your diagnosis?

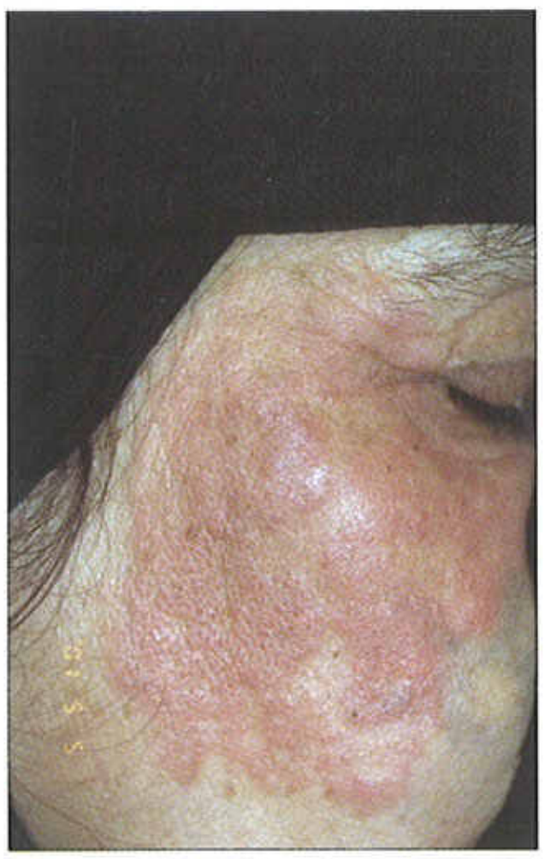

Fig. 1 Lesion of face

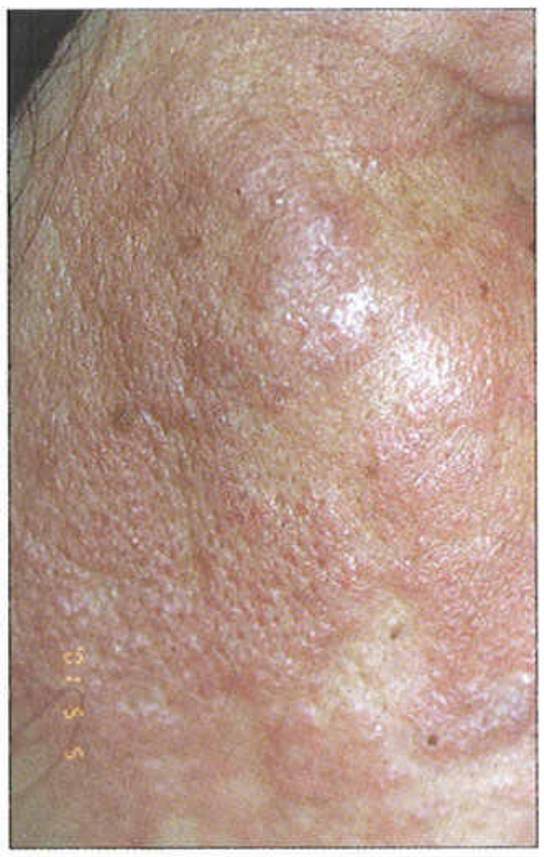

Fig. 2 Lesion of face (Close up)

Answer:

This lesion was diagnosed as contact dermatitis from cosmetics and that is why topical steroid was used. Patch test for cosmetics used was negative. Tinea incognito was suspected and direct KOH smear was positive for hyphae and culture showed T. metagrophyte. Patient was treated with Fluconazole 5mg/kg body weight daily for 2-weeks with topical antifungal and lesions cleared.

Diagnosis: **Tinea Incognito.**

Discussion:

The term Tinea incognito refers to dermatophyte infections with clinical presentations that have been modified by administration of corticosteroid.[1] There is sometimes incorrect diagnosis of tinea and tinea incognito. In one of the retrospective studies [2] tinea was identified in 814 patients, which represented 4.3% of all patients studied retrospectively. Tinea incognito was diagnosed in 318 patients out of the 814-tinea patients and this represents 39.1% of all patients with tinea.

The most common isolates were T. rubrum, T. mentagrophytes and Candida albicans. It has been reported also that tinea incognito may cause dermatophytid reaction.[3] T. incognito may be diagnosed on the face as rosacea or chemically induced facial dermatitis [4] as in our case.

Tinea incognito due to T. mentagrophytes was reported to be wide spread up to 134 lesions on body and face previously treated with topical steroid.[5] T. incognito may be misdiagnosed as erythema migrans.[6] Tinea incognito due Microsporum gypseum was reported in 3-children in whom the lesions were psoriasis like, eczema like and lichenoid respectively.[7]

It is concluded that Tinea incognito is a dermatophytosis of atypical clinical character due to the absence of classic features of ringworm. It is caused by prolonged use of topical steroids sometimes prescribed as a result of incorrect diagnosis.

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