IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Pityriasis versicolor mimicking common warts

Prabal Kumar¹MD, Sanjeev Chauhan² MS

¹Specialist medical officer, Department of Dermatology, venereology and leprosy, Zonal Hospital, Mandi, Himachal Pradesh, India

²Specialist medical officer, Department of Ophthalmology, Civil Hospital, Sarkaghat, Himachal Pradesh, India Correspondence: Dr Sanjeev Chauhan (E-mail: sanjeevchhn07@gmail.com)

Introduction: Pityriasis versicolor(PV) is superficial mycosis caused by malassezia furfur affecting superficial layer of stratum corneum. It presents as macules of varying color with surface showing fine scaling. Here we are presenting a case of pityriasis versicolor mimicking cutaneous warts.

Case report: A 13 years old male child came to OPD with multiple skin color to hyper-pigmented slightly raised, asymptomatic, flat topped papules which were present since one month and were asymptomatic. Initially he noticed only 2-3 lesions but over one month they became enumerous.

On clinical examination, there was involvement of dorsa of both hands in form of multiple, discrete, well defined flat topped papules which were skin to slightly hyper-pigmented in color. Few of them were showing fine scaling over the surface. There was no involvement of upper trunk or arms and first impression was of cutaneous warts, but due to scaling KOH mount was performed, which revealed spaghetti and meatball appearance. Hence the diagnosis of pityriasis versicolor was made. The patient was started on oral itraconazole and ketoconazole cream.



Figure showing involvement of dorsum of bilateral hand in form of multiple well defined flat topped papules, which are skin color to slightly hyperpigmented

Discussion: Pityriasis versicolor is commonly seen in young adults. Higher incidence in males has been reported by many authors.^{[1][2]}. Hot temperature and humid environment predisposes to this condition. Clinically the lesions were seen mostly on the neck, back and chest. Localization of the lesions reflected

the distribution of the sebaceous glands. Morphologically 75% of the patients showed hypopigmentation which was similar to the previous studies. Lipoperoxidation process produced by the pityrosporum accounts for the clinical hypopigmented appearance.^[3]

Diagnosis of PV is generally straight forward clinical with KOH mount, however there is variant of Epidermodysplasia verruciformis which may present as PV^[4], as in our case initial impression was of cutaneous warts. However this dilemma was solved by KOH mount. Treatment for PV includes topical azoles, terbinafine1% cream, ketoconazole shampoo and oral Itraconazole in extensive or resistant cases.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship:

Nil.

Conflicts of interest:

There are no conflicts of interest.

References:

- 1. Maheswari Amma S. Clinical and epidemiological studies on tinea versicolor in Kerala. Indian J Dermatol Venereal Leprol 1978;44: 345.
- 2. Gurumohan Singh, Gour K N, Dikshit K S. Clinical pattern of pityriasis versicolor. Indian J Dermatol Venereol Leprol 1966;32:81.
- 3. Peter J Sunenshine, Robert A Schwartz, Camila K Janniger. Tinea versicolor. Indian J Dermatol 1998; 37:648-655.
- 4. S. NB, Guerini MB, Barbato MT, Giunta G, Nunes DH.

Epidermodysplasia verruciformis: clinical presentation with varied forms of lesions. An Bras Dermatol.2011;86(4 Supl 1):S57-60.