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HEMORRHAGIC TINEA: A RARE PRESENTATION

Dr Purkshish kaushal, Dr Hitesh Bhalavi

Tinea cruris is an infection of the groins by a species of dermatophytes. *T. rubrum* is the main cause; *T. interdigitale* and *E. floccosum* also account for some cases. We present a case of tinea cruris where dermoscopy was helpful in making the correct diagnosis.

CASE REPORT

An 33Y old male presented with a well-defined reddish-brown plaque on right groin (figure 1). Dermoscopy showed homogeneous well-circumscribed dots or blotches of red to black pigmentation with peripheral fine scaling that did not follow the dermatoglyphic lines (Figure 2). The patient had the lesions for approximately 8 months. Mycological examination showed septate hyphae. Patient was treated with oral terbinafine 250mg twice daily for 30 days and showed clinical improvement.

DISCUSSION

Dermoscopy has showed different patterns of dermatophytosis. The characteristic annular rash in dermatophytes is due to host immunity and their predilection to keratinised structures. On Dermoscopy we see reddish globules which may be due to dried serum, hemosiderin and excessive itching. Diagnosis of dermatophytid infections can be made based on clinical presentation and examination. However, in some cases where the patient is taking partial treatment or applied corticosteroid diagnosis can be dubious, there we need Dermoscopy, Koh mount and culture. Later two be more invasive and require laboratory set up for result, Dermoscopy will be a valuable non-invasive tool which help in diagnosis as well as monitoring treatment response.

CONCLUSION

We unveiled rare presentation of tinea cruris with the help of Dermoscopy and Koh mount. To our knowledge, there is no case report of haemorrhagic tinea in literature and more varied presentation will be there with the help of Dermoscopy.

Figure 1



figure 2

