



Fig 2. Note syndactyle, notched ala nasi and micro-phthalia on the left side and macrochelia lower lip. There is a linear depressed scar on forehead.

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Reference

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TINEA CAPITIS IN A 50-YEAR-OLD OWMAN

To the Editor,

A 50-year-old lady from Bhilai presented with itchy scalp lesions with hairloss for last one month. None of her family members had similar problem. She had attained menopause

5 years ago. There were no pets in her house. Scalp examination revealed an ill-defined, mildly scaly lesion with broken off hairs over the vertex, having irregular margins. The scales were dry, whitish and adherent. There were no other skin lesions, nail or systemic abnormality. KOH examination showed multiple chains of rectangular spores inside the hair shaft. Culture on Sabouraud's agar grew *Trichophyton tonsurans*. The lesion cleared completely after oral griseofulvin therapy for 5 months.

There are scanty reports of tinea capitis occurring in elderly patients.^{1,5} Sebum secretion and colonization of scalp by *Pityrosporum orbiculare* help to protect the scalp against dermatophytic invasion. When tinea capitis occurs in adults, it is more frequent in post menopausal women.¹

Different fungi viz. *Trichophyton tonsurans*, *T. violaceum*, *T. verrucosum*, *Microsporon canis*, *M. gypseum* have been isolated in adult tinea capitis.¹ Rarely, *T. rubrum* has also been found responsible.⁵ Unless the possibility of tinea capitis in elderly patients is entertained, there are chances of it being misdiagnosed.

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References

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2. Gauvain EA. Tinea capitis in a adult (*Microsporum lanosum*). Arch Dermatol 1949; 60: 860.
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