

ATYPICAL MANIFESTATIONS OF TINEA FACIEI

R R Mittal, Chanchal Jain, S S Gill, Ramesh Jindal

A study of 58 patients of tinea faciei was conducted. Twenty five (43.1%) patients had history of photosensitivity. Twenty eight (48.2%) patients were applying topical steroids, 2 (3.4%) patients were on 10 mg of prednisolone daily. Associated tinea of other sites were observed in 14 (24.13%). 23 (39.6%) patients had typical circinate, arcuate, annular plaques with raised margin showing vesiculo-pustules. Atypical manifestations were in the form of arcuate plaques on the pinna in 4 patients, erythematous plaques full of vesiculo-pustules without central clearing in 3. Thirty two (55.17%) patients had plaques with broad edges and indistinct central clearing. In 2 patients lesions resembled discoid lupus erythematosus. Skin scrapings for fungus was positive in 36 (62.06%) cases. All patients responded to systemic griseofulvin 10 mg/kg with 1% clotrimazole topically in 4-8 weeks.

Key Words : Discoid lupus erythematosus, Photosensitivity, Tinea faciei

Introduction

Infection of the glabrous skin of the face, tinea faciei, is often misdiagnosed as a sunlight related disorder.¹ Photosensitivity is a frequent source of diagnostic error.² Shapiro and Cohen³ reported 4 cases of tinea faciei which were diagnosed as lupus erythematosus and contact dermatitis upto 5 months. Moreover, tinea faciei co-existing with discoid lupus erythematosus (DLE) has been described.⁴ We studied 58 patients with tinea faciei to find out atypical manifestations.

Materials and Methods

Fifty eight cases of tinea faciei were taken for this study from the outpatients of dermatovenereology department of the Rajindra Hospital, Patiala. All cases were diagnosed clinically. Detailed history and thorough clinical examination was done in all the cases. Skin scrapings for fungus were done in all the cases. Skin biopsy was performed in one case with DLE like lesions. All cases were treated with both topical and systemic antifungal agents.

Results

Fifty one patients belonged to the urban area while 7 were from the rural area. Nine patients gave history of working with domestic animals. There were 40 males and 18 females. Infection was asymptomatic in 16 (27.5%), mild itching was present in 17 (29.3%) and 25 (43.1%) patients gave history of photosensitivity. Twentyeight (48.2%) patients gave history of applying topical steroids and 2 (3.4%) patients were on 10 mg prednisolone daily. Youngest patients was 15 days old and eldest was 70 years of age. Duration of the disease ranged from 2 days to 2 years. Twenty one patients reported within first week, 19 within 4 weeks, 13 within 3 months, 4 within 6 months and one patient had disease for the last 2 years. Associated tinea of the other sites was observed in 14 patients, tinea cruris in 8, tinea capitis in 3, tinea corporis in 2 and tinea unguium in 1. One patient had atopic dermatitis, one had bronchial asthma and one had ichthyosiform erythroderma.

Twenty five (43.1%) patients had single lesion and 23 (39.6%) had multiple lesions. Four patients had bilateral symmetrical and 19 had bilateral asymmetrical lesions. Size of the

From the Departments of Dermatovenereology, and Pathology, Government Medical College/ Rajindra Hospital, Patiala-147001, India.

Address correspondence to : Dr RR Mittal

lesions varied from 1cm to several cms, involving most of the face; ears and even extending to the vertex. Only 23 (39.6%) patients had typical circinate, arcuate, annular plaques with raised margin showing vesiculo-pustules. Plaques on the pinna of the ears in 4 patients had arcuate margin studded with papules and vesiculo-pustules. Three patients had well defined erythematous plaques studded with papules and vesicles without central clearing (Fig.1). Thirty two (55.1%) patients



Fig. 1. Well defined plaque studded with papules and vesicles without central clearing.

had erythematous, scaly, well defined plaques with broad edges and indistinct central clearing. In 2 cases erythematous plaques had central atrophy, hypopigmentation, fine scaling and raised pigmented margin closely mimicking plaques of DLE. Histopathological

examination of DLE like lesions revealed mild hyperkeratosis, chronic inflammatory infiltrate in dermis and positive PAS staining confirmed the diagnosis.

Skin scrapings for fungus were positive in 36 (62.06%) cases. All cases responded to oral griseofulvin 10mg/kg with topical clotrimazole 1% cream by 4-8 weeks.

Discussion

Tinea faciei was often misdiagnosed as photosensitivity when lesions were bilateral symmetrical. Morphology of lesions was more helpful in diagnosis as scrapings for fungus was positive only in 62.06% of patients and most of the patients refused biopsy from face. Patients did not respond to only topical antifungal. Few patients required even 6-8 weeks treatment.

References

1. Gilgar RS, Tindall JP, Eloson M. Lupus erythematosus-like tinea of the face (tinea faciale). *JAMA* 1971;215:2091-4.
2. Pravda DJ, Puliese MM. Tinea faciei. *Arch Dermatol* 1978;114:250-2.
3. Shapiro L, Cohen HJ. Tinea faciei simulating other dermatoses. *JAMA* 1971;25:2106-7.
4. Safer LF, Lang PG, Demetree JW, et al. Tinea faciei co-existent with discoid lupus erythematosus. *Arch Dermatol* 1981;117:121-2.