

TINEA OF THE NIPPLE

Dermatophytic infections can involve any part of the skin surface and its appendages. We saw an interesting patient where the condition was localised to the nipple and areola. A 30-year-old man came with an intensely pruritic eruption on the right areola of 5 days' duration. The lesion was well-defined, circular, scaly and raised around the right nipple, 1.5 cm in diameter (Fig. 1). The nipple was also involved and appeared swollen as compared to the normal side. Other areas appeared normal. Scrapings from the periphery of the lesion, dissolved in 10% KOH revealed numerous branching, septate hyphae. There was no history of dermatophytosis in the family members or domestic pets. Culture for fungus from the scrapings was negative. The patient was asked to apply 1% tolnaftate ointment twice daily. Within ten days the lesion disappeared, and after a further period of 2 weeks, the therapy was stopped.

Even in women where the breasts are commonly involved in dermatophytic infections, the areola and nipple are seldom affected. In



Fig. 1. Raised, scaly lesion on the nipple.

our patient, possibly, trivial trauma may have resulted in accidental inoculation of the organisms at that particular site.

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