

Four views of trichomycosis axillaris: Clinical, Wood's lamp, dermoscopy and microscopy

A 46-year-old man complained of axillary malodour for the last 2 years. Examination revealed waxy yellowish deposits adherent to several hair shafts [Figure 1a] in both the axillae, which exhibited soft greenish fluorescence under Wood's lamp [Figure 1b]. Dermoscopic examination with polarized light ($\times 10$ magnification) showed multiple hair shafts encased by golden-yellow concretions [Figure 1c]. Microscopic examination of 10% KOH mount showed irregular concretions around the hair shafts [Figure 1d]. The patient was diagnosed with trichomycosis axillaris. He was advised to shave off the axillary hair and was prescribed sodium fusidate 2% ointment twice daily, which resulted in complete improvement in 2 weeks.

Trichomycosis axillaris is a superficial bacterial infection caused by bacteria belonging to *Corynebacterium* genus, particularly *Corynebacterium flavescens*, that forms masses around the hair shafts. The malodour is due to bacterial metabolism of sweat testosterone into malodorous compounds. Treatment includes topical antibiotics and general measures such as shaving the affected hair and control of



Figure 1a: Clinical picture showing waxy yellow deposits on hair shafts in axilla

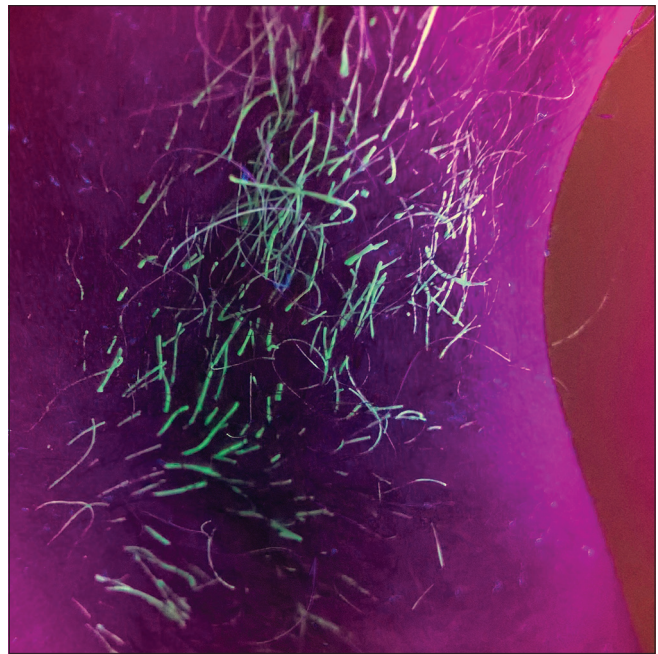


Figure 1b: Greenish fluorescence on Wood's lamp examination

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Figure 1c: Golden yellow concretions encasing several hair shafts seen on dermoscopic examination with polarized light ($\times 10$ magnification)

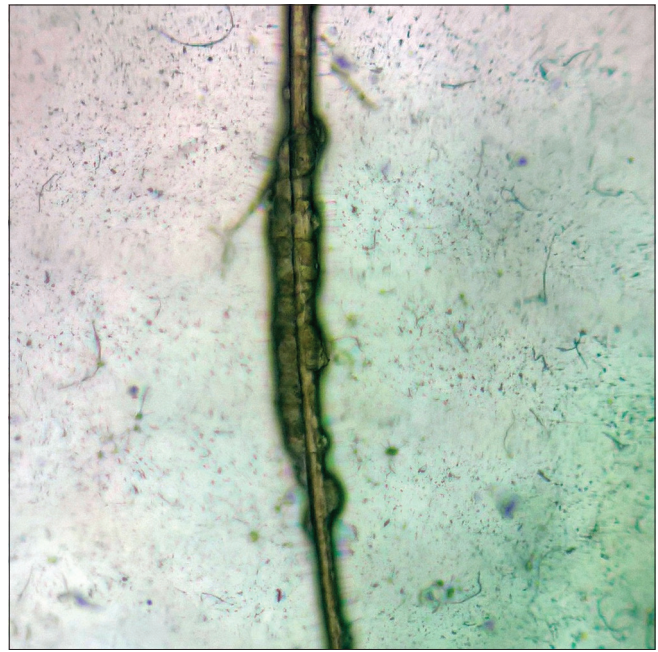


Figure 1d: Potassium hydroxide mount showing irregular concretions around the hair shaft ($\times 200$)

hyperhidrosis. Dermoscopic examination can aid in its quick differential diagnosis, which includes hair casts, pediculosis and black and white piedra.

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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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