TINEA NIGRA

S Gnanaguruvelan, C Janaki, G Sentamilselvi, JM Boopalraj

Tinea nigra due to *Exophiala werneckii* in a 33- year-old female is reported from Chennai, South India.

Key words: Tinea nigra, Exophiala werneckii, Ciclopiroxolamine

Introduction

Superficial mycoses are commonest in Chennai of which dermatophytosis forms the major group,[1] but tinea nigra is observed only less frequently. We report our second case of this infection from Chennai.

Case Report

A 33-year-old woman reported with an asymptomatic brownish pigmented patch on her left palm of 6 months duration. She was a resident of Chennai and none in her family or neighbourhood suffered from such a condition.

Examination revealed a faint brown pigmented patch of about 4x3 cm involving the left palm. The patch was darker at the periphery compared to the centre. Brown septate mycelia were observed in 10% potassium hydroxide mount of the skin scales. Inoculation of skin scales in Sabouraud's dextrose peptone agar medium at room temperature (30 to 32°C) produced greyish yeast-like colonies within 3 weeks and there was aerial mycelium in profusion. Microscopically there were brown septate mycelia with very little conidia arising from the sides of the hyphae which were consistent with *Exophiala werneckii*.

Biopsy of the skin lesion in haematoxylin and eosin stain showed hyperkeratosis with a compact stratum corneum containing brown septate hyphae. With PAS stain the purplish

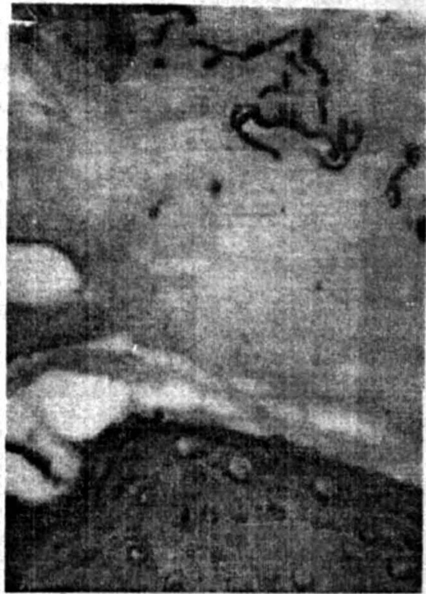

Fig.1. Purple coloured hyphae of E. werneckii in the stratum corneum in the vicinity of sweat pore x 400.

characteristic fungal filaments were seen in the

From the Mycology Section, Department of Dermatology, Chennai Medical College, Chennai-600 003, India

Address correspondence to:
Dr. G. Sentamilselni

stratum corneum (Fig.1). The fungal filaments were more in the vicinity of acrosyringium of the eccrine sweat gland.

Topical 1% ciclopiroxolamine cream applied twice daily cured the skin infection in 2 months. No recurrence has been observed.

Discussion

Tinea nigra caused by *E. werneckii (Phaeoannelomyces werneckii)* is the rarest of superficial mycoses,[2] and has been reported only once from our centre as the first case report from Chennai.[3] The first report from South India was from Pondicherry.[4] Female predilliction was said to be present,[5] as also observed in our case. The site of infection was palm in our case and also in most of the previously reported cases, and this site along with the soles are said to be commonest sites, although other sites like face and chest could be involved.[5] Pigmented patches of tinea nigra may be confused with Addisonian pigmentation, staining with silver nitrate, other pigments and dyes, junctional naevi, post inflammatory pigmentation and melanosis of syphilis and pinta.[5] The routine mycological and mycopathological investigations easily delineate this condition. The fungal filaments were more around acrosyringium and it is not clear whether the sweat act as a nutrient to the fungus. The infrequent reports of this condition from India probably denote not only the rarity of its occurrence but also the failure of the clinicians to report them since the condition is totally asymptomatic excepting for the cosmetic disturbance in colouration. Topical ciclopiroxolamine was observed to be useful in clearing the infection in our present case.

References

1. Kamalam A, Thambiah AS, Ragavandas M, et al. Mycoses in India. Study in Madras. Trans Royal Soc Trop Med Hyg 1981;75:92-100.

2. Kamalam A. Observations on Gamut/ Galaxy of the fungal infections in Tamil Nadu State. Kavaka, 1984;12:15-36.

3. Kamalam A, Thambiah AS. Tinea nigra: First case report from Madras. Mykosen 1982;25:626-628.

4.Das Gupta LR, Agarwal SC, Bedi BMS. Tinea nigra palmaris from South India. Sabouraudia 1975;13:41-43.

5. Rippon. Medical Mycology, 3rd edn, WB Saunders, London 1988;154-168.