

ERYTHEMA ANNULARE CENTRIFUGUM DUE TO CANDIDA INFECTION

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The cause of erythema annulare centrifugum is obscure, but candida infection of the skin and gut may be one of the causes.

We are reporting one such case where the cause of eruption was candidal infection.

Key Words : Erythema annulare centrifugum

Introduction

The term 'erythema annulare centrifugum' was first used by Darier in 1916, who described multiple ring shaped lesions of indurated erythema.

Erythema annulare centrifugum is one of the chronic annular and figurate eruptions which is grouped broadly under annular erythemas, where, in a large majority of cases the aetiology remains obscure even after prolonged observation and investigation.¹ Examples associated with diverse trigger factors have been quite convincingly demonstrated, which include factors such as tinea infection,² ingested fungus,³ ascaris infection,⁴ candida infection,⁵ drug hypersensitivity,⁶ carcinoma, blood dyscrasia, etc.

Case Report

A 3-month-old, healthy and well built male child presented with the complaint of erythematous ring shaped lesions over the trunk and buttocks for 1 month. There were erythematous moist denuded lesions in the flexural

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folds of neck, the perianal region, groins and curdy white membrane over the tongue.

The skin lesions began as small pink, erythematous papules which slowly enlarged to form a ring, as the centre flattened and faded. The edges were elevated, erythematous and easily palpable with mild scaling. A detailed history and examination did not reveal any evidence of trichophyton infection, ascaris infection, blood dyscrasia, carcinoma, drug hypersensitivity or any immunological abnormality. There was no haematological abnormality. Direct microscopic examination of skin scrapings and wet smears from perianal region and neck flexures showed budding yeast with hyphae and pseudohyphae. Cultures also revealed *Candida albicans*.

Histopathology of skin lesions was suggestive of erythema annulare centrifugum.

The patient was given nystatin 200,000 units per day orally in 4 divided doses and topical antifungal for 15 days. No treatment was given for lesions of erythema annulare centrifugum. The lesions started resolving in 8 to 10 days and completely resolved in 15 days. There has been no recurrence for over 1½ years now.

Discussion

Erythema annulare centrifugum is one among the various eruptions where the aetiology remains obscure. Candida infections and mould allergy may be one among the various causes. A relationship is established as in the above case where the eruption of erythema annulare centrifugum was associated with candida infection and the resolution of the lesions after anticandidal therapy. The resolution and absence of recurrence of lesions after anticandidal therapy indicates that it may be an effective therapy although further trials need to be conducted.

This case is reported because of the association with candida infection and paucity of cases in literature.

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