

## TINEA NIGRA

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A 5-year-old school boy presented with asymptomatic black spots over the palms which gradually spread to the neck, trunk and thighs. A KOH preparation revealed brownish-black, septate, branching hyphae with scattered budding cells. Application of Whitfield's ointment cured the condition. Tinea nigra in North India is infrequent.

**Key word :** Tinea nigra.

The first authentic description of tinea nigra was given by Cerqueira of Brazil in 1891.<sup>1</sup> Tinea nigra is considered to be a variety of superficial phaeohyphomycosis, but the term tinea nigra is retained because of its wide usage.<sup>2</sup> The causative fungus in the American continent is referred to as *Exophiala werneckii*, whereas in the Asian countries, the fungus is different and is labelled as *Cladosporium mansonii*.<sup>3</sup> However, Rippon opined that other species of dematiaceous fungi (*Stenella araguata*) may produce the same clinical picture.<sup>2</sup>

### Case Report

A 5-year-old school boy was noticed to have asymptomatic pin-point sized black macules over the right palm (Fig. 1). The lesions, however, gradually increased over the next 3 weeks, to involve the fingers and the wrist, with a few isolated lesions over the neck, trunk and both the thighs. Scrapings from the lesions in 10% KOH revealed numerous brownish-black, thin-walled, septate, freely branching hyphae with scattered budding cells. The culture was, however, negative. Local applications of Whitfield's ointment promptly cured the condition.

### Comments

Tinea nigra is a characteristic, superficial



Fig. 1. Dark-black, non-scaly macules, confluent at places to form irregular blot characteristic of tinea nigra.

fungus infection of the skin. It is relatively infrequent in Northern India. So far, Dasgupta et al<sup>4</sup> and Hemashettar et al<sup>5</sup> have documented cases from Southern India.

*Exophiala/Cladosporium* species, the causative fungi are ordinarily found in the soil, compost and sewage. It is supposedly acquired from these exogenous sources through minor abrasions.<sup>2</sup>

### References

1. Leeming JAL : Tinea nigra, Brit J Dermatol, 1963; 75 : 392-396.

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2. Rippon JW : Medical Mycology, WB Saunders, Philadelphia, 1982; p 145.
  3. Roberts SOB and Mackenzie DWR : Mycology, in : Textbook of Dermatology, Fourth ed, Editors, Rook A, Wilkinson DS, Ebling FJG et al : Blackwell Scientific Publications, Oxford, 1986; p 885-968.
  4. Dasgupta LR, Agarwal SC and Bedi BMS : *Tinea nigra palmaris* from South India, Sabouraudia, 1975; 13 : 41-43.
  5. Hemashettar BM, Patil CS, Siddaramappa B et al : A case of *tinea nigra* from South India, Ind J Dermatol Venereol Leprol, 1985; 51 : 164-166.
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