

TINEA CORPORIS IN NEONATE DUE TO TRICHOPHYTON VIOLACEUM

To the Editor,

A 5-week-old male child was seen with a slowly enlarging scaly erythematous annular plaque on right flank of 10 days duration. The child was full term normal vaginal delivery born at hospital. There was no history of application of cow dung or soil to the umbilical cord. The parent did not suffer from any skin problem. There were no pets in the family.

The cutaneous examination revealed a well-defined single, 2.5x2.5 cm size annular plaque with raised, active, erythematous, scaly margins on right flank. Scalp and nails were normal. Systemic examination was normal. Microscopic examination of scales from the lesion with 10% KOH showed branched hyphae and fungal spores. Culture of scales on Sabouraud's media grew *Trichophyton violaceum*. The lesion completely cleared with topical clotrimazole in 2 weeks.

Dermatophytic infection is rare in infancy, neonatal infection is still rarer. There have been a few reports on tinea occurring in neonates.¹⁻³ Asymptomatic carrier state of *T. violaceum* in the family members seems to be a probable source of infection in our patient. Such a carrier state has been reported in infection by *T. tonsurans*.⁴

N K Bansal, Mukul, L K Gupta,
Asit Mittal, Sumit Maru
Udaipur

References

1. Jacobs AH, Jacobs PH, Moore N. Tinea faciei due to *Microsporon canis* in a 6-day-old infant. JAMA 1972; 219: 1476.
2. Ghorpade A, Ramanan C, Durairaj P. *Trichophyton mentagrophytes* infection in a two day old infant. Int J dermatol 1991; 30: 209-10.
3. Ghorpade A, Ramanan C. Tinea capitis and corporis due to *Trichophyton violaceum* in a six-day-old infant. Int J Dermatol 1994;33:219-20
4. Sharma V, Hall JC, Knapp JF, et al. Scalp colonization by *Trichophyton tonsurans* in an urban pediatric clinic? asymptomatic carrier state. Arch Dermatol 1988;124:1511-3

SEXUALLY INDUCED PENILE OEDEMA

To the Editor,

The article "Sexually induced penile oedema" by Dr P M Abdul Gaffoor in the IJDV&L 1994;60:355-6 is an interesting one. I had the opportunity of examining about 20 such cases and all patients were circumcised. In all the cases, the circumcision was done long ago by untrained persons and the scars suggested the rough and crude technique of the surgeon in contrast to the fine surgery of the present day. Probably, the incompetency of the finer lymphatic channels of the shaft of the penis due to the crude and extensive circumcision may be the predisposing cause of penile oedema.

A S Ramesh Chandra
Bangalore