Annular scaly plaque confined to presternal keloid treated with intralesional injections



Figure 1: Well-defined, annular erythematous scaly plaque circumferentially confined to presternal keloid

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A 55-year-old woman received 10 intralesional injections of triamcinolone acetonide 40 mg/ml and 5-fluorouracil 50 mg/ml (1:9 ratio) once every 3–4 weeks, combined with cryotherapy (only in last four sessions) for her presternal keloid. Three weeks after the last injection, she presented with an itchy, erythematous, scaly plaque, circumferentially surrounding the elevated borders of keloid [Figure 1]. A 10% KOH (potassium hydroxide) mount showed multiple branched septate hyphae. The dermatophytosis flared after treatment with terbinafine but responded to a combination of oral itraconazole and griseofulvin.

This case is probably explained by the cutaneous anergy caused by intralesional immunosuppressive injections in keloid, which became the site of onset of dermatophytosis.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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