

Tinea Incognito on the Hand Causing a Facial Dermatophytid Reaction

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Sir,

We document the case of an adult with tinea incognito resulting from the application of topical corticosteroid of the lowest potency accompanied by a localized dermatophytid reaction in the periorbital areas.

CASE REPORT

A 38-year-old Indian male presented with an itchy skin lesion on the right hand. It had been there for a few months and had started as a circular lesion that became larger with the use of 1% hydrocortisone cream for about 2 weeks and given by a pharmacist. The patient also had itchy skin lesions around both eyes of a few days' duration. On examination, he had a large scaly patch with ill-defined borders on the dorsum of the right hand and many tiny erythematous papules. He also had tiny follicular papules around both eyes.

No abnormalities were detected elsewhere on the skin. Hair and nails were normal. Direct examination of the scales from the affected hand and from the facial follicular papules mounted in potassium hydroxide did not reveal fungal elements. The patient refused a skin biopsy. Based on clinical grounds, we diagnosed the case as tinea incognito with a dermatophytid reaction. We discontinued use of the hydrocortisone 1% cream and started him on a griseofulvin 500 mg tablet b.i.d. Two weeks later, the patient came with complete clearance of the hand and facial lesions.

DISCUSSION

Steroid-modified tinea, otherwise known as tinea incognito, is a fungal infection modified by corticosteroid

(systemic or topical), prescribed for some pre-existing pathology or given mistakenly for the treatment of misdiagnosed tinea (1). Strong fluorinated steroids seem most likely to produce this condition, but even 1% hydrocortisone cream, as in our case, can precipitate a similar reaction.

In addition to the patient's suffering, tinea incognito may be the source for an epidemic infection due to accumulated fungi in the skin. Dermatophytid reaction is a non-infective cutaneous eruption representing an allergic response to a distant focus of dermatophyte infection. The essential criteria in the diagnosis are: 1) A proven focus of dermatophyte infection; 2) absence of fungi in the dermatophytid lesion, and 3) clearing of dermatophytid after the fungus has been eradicated. Our patient fulfilled the last two of these criteria. The lack of the first criterion in our case does not preclude the diagnosis of dermatophytid reaction on the face, as it is well known that the yield of tinea incognito with direct microscopy is low (1).

We conclude that tinea incognito may result from the application of non-fluorinated topical corticosteroid (1% hydrocortisone cream) and periorbital papules may be a form of dermatophytid reaction that results from a tinea in a distant site on the hand.

REFERENCE

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