

TINEA VERSICOLOR IN GROIN AND SCROTUM SIMULATING RINGWORM

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SUMMARY

Two cases of tinea versicolor due to *Malassezia furfur* in groins and scrotum regions, simulating tinea cruris, are presented. This is an uncommon localization of Pityriasis versicolor, and the patients were successfully treated with 1% tioconazole dermal lotion.

Cases Reports and Mycological Investigations

Pityriasis versicolor is a chronic, mild, usually asymptomatic infection of the stratum corneum. The lesions are characterized by a branny or furfuraceous consistency; they are discrete or confluent and appear as discolored or depigmented areas of the skin. The affected areas are principally on the chest, abdomen, upper limbs, and back (6). However atypical localizations of Pityriasis versicolor are noticed as hands (dorsum), fingers, perineum, groins, buttocks, scrotum, penis, axillae, interdigital spaces (2, 3, 4, 5, 7). The etiologic agent is the lipophilic yeast, *Malassezia furfur*. The site of the lesions observed in the 2 cases of this report was in the groins and scrotum (Fig. 1). The patients were 36 and 19 years old. The patients have no characteristic clinical lesions of Pityriasis versicolor in other areas of the body. The lesions were bilateral erythematous, of rapid spread, very irritating with intensive pruritus, and very scale removing

RESUMEN

[*Tinea versicolor* en la zona crural y escrotal que semeja una tinea]

Se describen dos casos de Pityriasis versicolor de localización crural y escrotal. No se encontraron evidencias de esa micosis en otras zonas del cuerpo. *Malassezia furfur* fue evidenciada mediante el uso de hidróxido de potasio adicionado de tinta Parker 51 azul oscura permanente. El hongo fue cultivado únicamente en agar Sabouraud adicionado de aceite de oliva.

Scraping from the lesions were examined in potassium hydroxide preparations, with the use of Parker 51 superchrome blue-dark ink (1) and cultured on Sabouraud's dextrose agar, on the same medium with addition of sterile olive oil, on DTM medium and on Mycosel agar medium, incubated at room temperature and at 37° C. Both patients were treated with 1% tioconazole dermal lotion.

The direct microscopic examination of the scales revealed the pathognomic clusters of round, budding yeast cells, of *M. furfur* but well-developed hyphae either isolated or grouped, with visible septation and fragmentation were predominant. Culture was obtained only on Sabourad plus olive oil. Dermatophyte was not isolated.

Attention is called to the dermatologists to this possibility of infection by *M. furfur*. The clinical aspects of lesions in groins in these 2 cases were very suggestive of a ringworm. Only after direct examination and cultures results the correct diagnosis was made. There were no fungi in the scales after two weeks of treatment.



Figure: Ringworm lesion in groin region.

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