



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

ERYTHRASMOID PITYRIASIS VERSICOLOR WITH EXCLUSIVE INVOLVEMENT OF THE PUBIS AND INGUINAL REGION: REPORT OF TWO CASES.

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Background: Pityriasis versicolor (PV) is a common superficial fungal infection of the skin that can rarely involve atypical site as the groin and the inguinal area simulating erythrasma ("Erythrasmoid PV") or both pathologies may coexist. Here we report two cases of both unusual inguinal and pubic localization and an atypical erythrasmoid-like appearance of PV in two nonimmunocompromised patients.

Observation: A 20-year old man came for a pubic asymptomatic erythematous macule with an hyperpigmented halo and an inguinal hyperpigmented macule with a slight peripheral desquamation and hyperhidrosis. Another young man (22-year old) referred for slightly pruriginous macules located on the groin and on the pubis appeared almost 8 months before as 1-2 cm salmon coloured, round to oval, scaly papules coalescing into plaques. Wood lamp examination in both cases revealed a yellowish glow on the periphery of the lesion and potassium hydroxide (KOH) preparation of the scaly plaque demonstrated spores and hyphae. Gram staining was negative. The patients were diagnosed with pityriasis versicolor and successfully treated with a 4-week course of topical imidazole antimycotic.

Key message: We report two cases of PV at unusual site with a misleading clinical presentation: we thought firstly of erythrasma, but Wood lamp and direct microscopic examination guided us to the right diagnosis and treatment. The PV's common sites of infection are the upper trunk, upper arms and abdomen, rarely the scalp and the groin. Anatomical and metabolic factors are implied in the development of the disease like age, malnutrition, hyperhidrosis, oral contraceptive, pregnancy and an altered immune response. Development of PV in uncommon sites is generally associated with immunosuppression but our cases were nonimmunocompromised patients. So, to avoid diagnostic mistakes and to give the most appropriate and effective treatment, never exclude PV and erythrasmoid-like PV in unusual region.

