



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

GLOBE-TROTTING TRICHOPHYTON VIOLACEUM: EXUBERANT INFLAMMATORY TINEA CAPITIS IN TWO BROTHERS IN CANADA

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Background: Tinea capitis is a common dermatophyte infection among children, ranging from mild seborrheic dermatitis-like presentation to severe pustular reactions, thought to reflect the interplay of organism pathogenicity, host immune response and environment. The causative agent varies based on geographic location. Trichophyton violaceum, an anthropophilic dermatophyte, is the most common cause in Africa and parts of Asia, however, its distribution is changing with immigration patterns, having now been reported in the US and Europe.

Observation: We present two healthy, Nepali brothers, aged 7- and 14-years-old presenting with extensive tinea capitis characterised by striking white, scaly plaques throughout their scalps with associated pustules, hemorrhagic and crusted papules, and significant alopecia. Fungal culture from each brother showed T. violaceum. Both brothers were treated successfully with oral Terbinafine 250mg daily for 8 weeks. Onset of clinical findings was approximately two years after moving to Canada.

Key Message: Tinea capitis caused by T. violaceum in Canada has not recently been reported. Inflammatory tinea capitis of this severity and duration in two brothers is likewise a rare occurrence, more commonly seen with zoophilic dermatophytes. This case highlights the evolving distribution pattern and clinical presentation of dermatophyte infections with immigration and is an important public health concern given possible variations in severity and treatment susceptibility. While susceptibility data were not available, Terbinafine was chosen based on recent review showing it to have the highest mycological, clinical and complete cure rates for tinea capitis in general, and to be more effective than Griseofulvin in the treatment of Trichophyton species specifically. Finally, the delayed presentation and association of anthropophilic dermatophytes, such as T. violaceum, with higher rates of asymptomatic carriers, suggest close contacts should also be appropriately screened and treated.

