



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

KERION OF THE PUBIS AND VULVA CAUSED BY TRYCHOPHYTON MENTAGROPHYTES AND COMPLICATED BY A BACTERIAL INFECTION

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Background: The common fungal infection of the groin area is tinea cruris, a superficial and easily treated infection. A deep infection with a massive inflammatory response such as kerion is rare in the pubic area and needs recognition and early systemic treatment.

Observation: We present an uncommon case of kerion formation of the pubis and vulva caused by Trichophyton mentagrophytes and complicated by secondary bacterial infection in a 20-year-old, non-sexually active woman.

Key message: Our patient was an immunocompetent host, without a history of steroid treatment or other immunosuppressive treatments.

Dermatophytes are typically confined to the keratinous layer of the epidermis, but in case of breakage of the epidermal barrier, they may gain access to the dermis. In our patient, shaving of the vulva and pubis, causing mechanical damage of this barrier was probably the cause of deep mycosis evolving and leading to kerion formation. Another result of the epidermal barrier damage was a secondary bacterial infection treated with antibiotics.

Physicians should be alert to this entity when evaluating a case of infection of the pubis and vulva, presented as deep folliculitis with or without systemic symptoms. The diagnoses should depend on isolation and identification of the organism by fungal culture and biopsy specimen. KOH examination and PAS stain may be helpful, but false negative results could mislead to other diagnosis.

Finally, treatment with oral antifungal drugs, such as Terbinafine, is the best choice.

