



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

## RARE AND ATYPICAL DERMATOPHYTOSIS IN THE SETTING OF TOPICAL CORTICOSTEROID USE

Surajit Gorai<sup>(1)</sup>

*Apollo Gleneagles Hospital, Dermatology, Kolkata, India<sup>(1)</sup>*

**BACKGROUND:** In India, for last 4 to 6 years there is a surge of superficial dermatophytosis. Until recently topical corticosteroid, even super potent ones, were available OTC. Many patients, ignorantly, were using them, leading to unnatural situation for cutaneous fungal infection like Atypical in morphological form or site of involvement, more pediatric or even neonatal involvement, clinical resistance to usual antifungals and unexpected recurrence.

**OBSERVATION:** I will mention few cases each from the categories mentioned above.

1. Atypical morphological form: 22 years healthy male affected with multiple concentric rings, fusing each other involving abdomen.
2. Atypical morphological form: 46 years female with potent steroid abuse over tinea lesion from onset. Presented to us with erythroderma, extensive striae and skin atrophy.
3. Atypical morphological form: 33 years female with potent steroid abuse and triamcinolone injection suspecting eczema by quacks presented to us with extensive, diffuse, erythematous, keratotic plaque over whole inguinal, lower abdomen, buttock, upper thigh.
4. Atypical site involvement: Usually scrotum is not affected by tinea. Here we present a 52 years male with topical steroid abuse affected involving groin as well as scrotum.
5. Neonatal involvement: Strangely 15 days old neonate had tinea corporis though we couldn't find out the contact.
6. Non responder to prolong therapy with multiple recurrences: 37 years healthy female with extensive tinea corporis not responded with full dose of Itraconazole for two months (monitored with blood count, liver, renal function). With doubling dose for two weeks responded but recurred after 3 more weeks.

**KEY MESSAGE:** Topical steroid abuse in fungal infection may lead to involvement of atypical forms, site, and age group and led to clinical drug resistance.

