



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

TINEA FACIEI MIMICKING LUPUS ERYTHEMATOSUS

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Background: Tinea Faciei is a superficial dermatophyte infection limited to the glabrous skin of face. The clinical manifestation varies considerably and can masquerade as various skin disorders. Here, we report an interesting case of Tinea Faciei initially presented as lupus erythematosus.

Observation: A 18 year old male presented with a 4 month history of photosensitive facial erythema. Dermatological examination showed erythematous, slightly pruritic plaques distributed over the face with a butterfly like appearance. Clinically the lesions were suggestive a lupus erythematosus (LE). Histological examination revealed discrete orthokeratotic hyperkeratosis with a mild prevascular and periadnexal lymphocytic infiltrate. Direct immunofluorescence was negative as well as the Periodic Acid Schiff stain for fungal hyphae. A diagnosis of LE had been presumed and treatment was started with topical steroid. Patient was advised to use meticulously sunscreen. A few weeks later, the facial skin lesion was aggravated and new lesions developed. The facial skin lesion became polycyclic with fine scales. Furthermore, patient had multiple pruritic annular erythematous scaly plaques with clear center and defined borders on the neck, periauricular and mandibular areas. A key features of the recognition of the Tinea Faciei mimicking initially lupus erythematosus. Direct microscopic examination (with 20% potassium hydroxide) of scales obtained by scraping of the rash revealed numerous septate and ramified hyphae. The fungal stain was identified as trichophyton violaceum. Complete resolution was accomplished with griseofulvin and topical antifungal for 6 weeks.

Key message: Tinea faciei usually shows up as an erythematous, scaly patch with an annular edge, the size of which gradually increases. Clinical presentation of the condition is often atypical. It can mimic lupus erythematosus, rosacea, polymorphous light eruption, periorificial dermatitis, or contact dermatitis. The originality of our case report resides in the clinical pseudo-lupus presentation. We consider this case a Lupus Like Tinea Faciei Incognito.

