



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

TINEA INCOGNITO CAUSED BY MICROSPORUM CANIS PRESENTING AS MAJOCCHI'S GRANULOMA IN AN IMMUNOCOMPETENT CHILD

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Background: Tinea incognito remains diagnostic challenge even to dermatologists because of its modified clinical presentation. Majocchi's granuloma becomes one of the clinical manifestation of tinea incognito, defined as an unusual dermatophyte infection of dermal and subcutaneous tissues. Although most cases of Majocchi's granuloma have been reported in association with local trauma, nowadays it is also common to see such cases in association with the use of topical corticosteroid as tinea incognito. Most cases of Majocchi's granuloma are caused by *Trichophyton* species, while *Microsporum canis* only reported in five percent of cases.

Observation: A 9-year-old immunocompetent boy presented with recurrent redness and itchy patch on his right foot for the last six months. He routinely controls to general practitioners and dermatologists, and was said to suffer from nummular eczema then gets some kind of topical corticosteroid. The itchy and redness temporarily improves but recurs with surrounding expansion. Clinical feature show single erythematous patch with multiple follicular papules on the top and some part of the skin become atrophic with striae. Potassium hydroxide examination shows long septate hyphae and spores. Fungal culture on Saboraud dextrose agar confirms the species of *Microsporum canis* macroscopic and microscopically. Then the biopsy also support the diagnosis of Majocchi's granuloma. Four weeks course of terbinafine 250 mg/day and topical miconazole cream 2% shows significant improvement leaving a hyperpigmentation patch.

Key message: Diagnosis of Majocchi's granuloma requires a careful anamnesis, physical examination and investigations. The presence of unilateral itchy and relapsing nodules, papules and patches should increase suspicion diagnosis of Majocchi's granuloma.

