

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

## TINEA NIGRA: A SECOND CASE WITH SPECKLED OR "SALT AND PEPPER" PATTERN

André Luiz Rossetto <sup>(1)</sup> - Théo Nicolacópulos <sup>(1)</sup> - Rosana Cé Bela Cruz <sup>(2)</sup> - Ana Letícia Rossetto <sup>(3)</sup> - Vidal Haddad Jr <sup>(4)</sup>

Universidade Do Vale Do Itajaí/univali, Dermatology, Itajaí, State Of Santa Catarina, Brazil (1) - Universidade Do Vale Do Itajaí/univali, Pharmaceuticals-biochemistry, Itajaí, State Of Santa Catarina, Brazil (2) - Pontifícia Universidade Católica Do Paraná/pucpr, Medicine, Curitiba, State Of Paraná, Brazil (3) - Universidade Estadual Paulista De Botucatu/unesp, Dermatology, Botucatu, State Of São Paulo, Brazil (4)

Background: Tinea nigra (TN) is a rare, cosmopolitan dermatomycosis caused by the fungus Hortaea werneckii. It is characterized by asymptomatic, hyperchromic macula on the palms and soles, with geographic form; but, it also manifest with atypical formats. We report a second case of TN with speckled or "salt and pepper" pattern.

Observation: A 8-year-old girl Caucasian, resident in coast Brazilian, with palmar hyperhidrosis and hyperchromic macule, asymptomatic, for 8 months on the palm hand. Clinical examination showed a single, black macule, with 20x23mm, a speckled "salt and pepper" pattern, and black lines close to the grooves of the lines in the center of the left hand. Dermoscopy showed superficial fine, wispy pigmented spicules e not following the dermatoglyphic lines, thus confirming the TN diagnosis. Mycological exams of the colonies identified the fungus Hortaea werneckii. Patient evolved with good response to topical treatment with butenafine.

Key message: TN it is caused by the dematiaceous fungus H. werneckii as in the present mycological exam; however, some Venezuelan cases by Stenella araguata and in one Brazilian case by Cladophialophora saturnica may represent other etiological agents. The initial lesions may be dotted, with centrifugal growth, and coalescing into various clinical forms as geographical, oval, ellipsoid, cuneiform, triangular, linear or atypical such "heart" or "Parrot's Beak". The macules have been correlated with hyperhidrosis of the palm, and the linear forms in the present case may have been due to a buildup of sweat in the grooves of the lines on the palm of the hand. The small, irregularly distributed lesions with varied formats represent a second case called the speckled or "salt and pepper" pattern and we conclude that this pattern should be included in the list of atypical clinical forms of TN.





