



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

TINEA PSEUDOIMBRICATA AS A UNIQUE MANIFESTATION OF STEROID ABUSE: A CASE SERIES FROM A TERTIARY CARE HOSPITAL IN INDIA

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Introduction: Superficial dermatophytosis has gained the magnitude of an epidemic in India in last one decade. Patients often present with extensive, recurrent and recalcitrant disease with atypical morphology. Tinea pseudoimbricata is characterized by concentric scaly rings simulating tinea imbricata and is caused by dermatophytes other than *Trichophyton concentricum*. It is reported to occur in patients with steroid abuse and in immune-compromised individuals.

Aim: To study the clinico-mycological profile of tinea pseudoimbricata in Indian patients.

Material and Methods: Over a period of 8 months, we have evaluated 18 consecutive, clinically diagnosed patients of tinea pseudoimbricata who tested positive for hyphae on direct microscopic examination in 10% KOH as well as culture. The demographic and clinical characteristics and results of mycological tests of each patient were recorded on a predesigned proforma.

Results: There were 11 male and 7 female patients with mean age of 27.6 years (range 5-55 years) and the mean disease duration of 3.8 months (range 2-8 months). All patients gave a history of application of potent or super potent topical steroid in combination with topical antifungal and antibiotics with or without oral/ injectable steroid for varying length of time. Culture isolated *Trichophyton mentagrophytes* (*T. mentagrophytes*) and *T. rubrum* in 13 and 5 patients, respectively. All patients were treated with topical and systemic antifungal therapy along with antihistamines, and required prolonged treatment (6-8 weeks) to clear their lesions.

Conclusion: Tinea pseudoimbricata is a special subset of tinea incognito caused by injudicious and inappropriate use of topical steroid, mainly potent and super potent, generally available over the counter in India. Treatment should be directed at stopping steroids, educating patients about steroid abuse and its consequences. Most common





species isolated on culture, is *T. mentagrophytes* that required prolonged systemic antifungal treatment.

