



PIGMENTATION

UNUSUAL PRESENTATION OF TINEA INFECTION MIMIC PIGMENTED SKIN DISEASE

Nurul Amin⁽¹⁾

*Visiting Consultant In Dermatology In United Hospital Limited, United Hospital Limited,
Dhaka, Bangladesh⁽¹⁾*

Background: A 27 year old individual presented with the pigmented lesions on the trunk, groin and axillae of 06 months duration. Initially it appeared on the groin as erythematous patch which was smaller in size (2.5cm x 2.5cm). Then it spreaded into the trunk and axillae in discrete manner and small sizes. Lesions were centrally cleared with erythematous border. Then he went to homeopathic practitioner, who gave him some oral medication. Four weeks after taking medicine, the lesions spreaded throughout the trunk and became pigmented. With these presentation he reported to me

Results:

Following investigations were carried out.

Skin scraping for fungus - hyphae of dermatophytes seen

Culture of the fungus shown - *T. rubrum* of Trichophyton species

Blood complete picture - within normal limit

Liver function tests - within normal limit

Kidney function tests - within normal limit

VDRL and TPHA tests are - non reactive

HIV antibody - negative

Treatment: He was treated with Tablet Terbinafine 250 mgm daily for 08 weeks.

The lesions subsided and pigmentation faded out with treatment.

Key message: Melanocytic Pigmented lesions, Non melanocytic pigmented lesions and Malignant melanoma should come under differentiation. Here in this case homeopathic medication could be the cause of pigmentation. It is an example of Tinea incognita also

