

▪ **Case Report**

An interesting presentation of tinea corporis

S Kar, K Prasad, B Madke

Department of Dermatology, Venereology and Leprosy
MGIMS, Sewagram, Wardha, Maharashtra, India

Abstract

We report a case of a 27 year old male with heart shaped itchy, erythematous scaly lesions with well defined margin on lower abdomen for 6 weeks with history of similar skin complaint in spouse since 3 months. Patient got married 4 months back.

Keywords: Heart shaped itchy erythematous scaly lesions

Introduction

Tinea corporis is defined as dermatophytosis of the glabrous skin with the exclusion of the palms (Tinea manuum), soles (Tinea pedis) and groins (Tinea cruris).¹ It is a communicable disease which can present as an auto infection as well. Though caused, in India, mainly by *T.rubrum*; *T.mentagrophytes* and *M.canis* can contribute to the disease as well. It is clinically characterised by annular or polycyclic lesions where the borders of the lesion are erythematous and vesicular or scaly but the centre is clear. In inflammatory lesions, pustules and vesicles are common, but in quieter infections, scaling is the most common finding. The central skin may show post inflammatory hyperpigmentation, a change of texture or residual erythematous dermal nodule. Tinea corporis can occur in any part of body but is seen commonly on exposed areas of the skin, when caused by a zoophilic organism and occluded areas of the skin when caused by an anthropophilic organism. Fungi thrive in warm, moist areas. The following raise your risk for a fungal infection:^{2,3}

- Long-term wetness of the skin (such as from sweating)
- Minor skin and nail injuries
- Poor hygiene

Tinea corporis can spread easily to other people. You can catch the condition if you come into direct contact with an area of ringworm on someone's body, or if

Address for Correspondence

Dr. Sumit Kar M.D.
Professor and Head
Department of Dermatology, Venereology and Leprosy
MGIMS, Sewagram, Wardha, Maharashtra- 442102, India
Email: karmgims@gmail.com

you touch contaminated items such as:

- Clothing
- Combs
- Pool surfaces
- Shower floors and walls

The fungi can also be spread by pets (cats are common carriers).

Case report: A 27 year old male patient with heart shaped itchy, erythematous scaly lesions (Figure 1) with well defined margin on lower abdomen for 6 weeks with history of similar skin complaint in spouse since 3 months. Patient got married 4 months back. Microscopic examination on KOH mount showed presence of fungal hyphae.



Figure 1: Heart shaped tinea

Discussion

The case is being presented due to the rare presentation of a Tinea lesion in the shape of heart. The newly married lady might have transmitted the disease to her husband expressing it with all the love with which she is starting her marital life. The shape of the lesion is so



peculiar that it seems that love is not only confined to materialistic world. Love is omnipotent and omnipresent to manifest itself as a spectacular display of care that nature endows for the patient.

References

1. Kanwar A.J, De D .Superficial fungal infection 3rd ed. In: IADVL Textbook of dermatology, Valia RG, Valia AR, eds. Mumbai: Bhalani Publishing House: 2008. pp 252-297.
2. Habif TP, ed. *Clinical Dermatology*. 5th ed. Philadelphia, Pa: Mosby Elsevier;2009:pp 491-523 .
3. Hay RJ. Dermatophytosis and other superficial mycoses. In: Mandell. GL,Bennett JE, Dolin R, eds. *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*. 7th ed. Philadelphia, Pa: Churchill Livingstone Elsevier;2009:chap 267