

Tinea Pseudo-imbricata

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Fig. 1: Well defined concentric plaques over right groin and thigh

A 27 year male presented with multiple, itchy, erythematous, concentric plaques over groins since 3 months. Patient consulted a physician (non-dermatologist) and was prescribed topical preparation containing potent topical corticosteroids (clobetasol) in combination with clotrimazole. Initially there was a quick response in itching which prompted him to apply the product continuously for few weeks. After application of topical steroids morphology of lesion changed from annular to concentric plaques. We



Fig. 2: Similar plaques over left thigh

performed potassium hydroxide mount which showed hyphae and on culture *Trichophyton rubrum* was grown.

These days dermatologist across India, have been seeing such cases in dermatology outdoor on a very regular basis. This condition is named as Tinea pseudoimbricata, which is essentially a form of tinea incognito characterised by presence of multiple concentric rings within a lesion of dermatophytosis.¹ It resembles tinea imbricata caused by *Trichophyton concentricum*,² but latter has many more concentric circles and

is usually generalized. Injudicious use of topical steroids is probably the major reason for development of this distinct clinical presentation of tinea. Such cases are resistant to conventional treatment and often require prolonged therapy with systemic antifungals like Itraconazole. As many of these cases of tinea initially present to general physician we want to share this case to make them aware of pitfalls of use of topical corticosteroids and combination products (antifungal with steroids) in cases of tinea.

References

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