

Chapter 8:

Mycoses

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8.1 Dermatophytoses



Tinea corporis

Round or oval lesion, as in the present case, with a distinctly raised margin, sometimes with fine vesicles, sometimes very scaly. There is often a false appearance of healing at the centre. These round lesions are generally slightly scaly. Pruritus is not always present as a subjective symptom. The lesions can be single. ▶

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Tinea corporis

continued

The lesions can be multiple. The pathogen is generally *Microsporum canis*, or *Trichophyton rubrum*.

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Tinea faciei

The dermatophytosis has the same appearance as on glabrous skin, but can assume an impressive clinical picture owing to its spread. ►

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Tinea faciei

continued

The dermatophytosis can also assume a more or less atypical clinical picture owing to late diagnosis or unsuitable topical therapy with corticosteroids.

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Tinea cruris

Dermatophytosis of the inguinal fold (also called dhobi itch and Hebra's eczema marginatum). This dermatophytosis affects men more frequently than women. A very distinct vesicular border circumscribes a central red, sometimes brownish, central region, which is always scaly. The lesion typically spreads towards the inner thigh.

Basic Lesions: Erythematous Macule; Vesicles; Scales

Causes: Infection



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Tinea manuum

This condition affects the palms, most frequently on one hand. There is no substantial hyperkeratosis. An active margin may be noticeable at the wrist. Association with athlete's foot or eczema marginatum is typical, and it is a good idea to persevere in looking for this. Scraping with a curette generally yields plenty of horny, brittle, powdery material. ▶

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Tinea manuum

continued

It is characterized by diffuse redness and dryness with floury accentuation of flexural creases of the palms.

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Tinea pedum (athlete's foot)

Fissured and scaly intertrigo of the space between the fourth and the fifth toes. There is often a small painful crack running along the base of the fold. ►

Basic Lesions: Erythematous Macule; Scales; Fissures

Causes: Infection



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Tinea pedum (athlete's foot)

continued

Sometimes the whole area is eroded, which is a sign of microbial infection. ►

Basic Lesions: Erythematous Macule; Scales; Fissures

Causes: Infection



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Tinea pedum (athlete's foot)

continued

The dermatophytosis can extend to the sole, which it affects more or less extensively. In some cases in which tinea manuum is associated with tinea pedis, three of the four limbs are affected (e.g. one hand and two feet). ►

Basic Lesions: Scales

Causes: Infection



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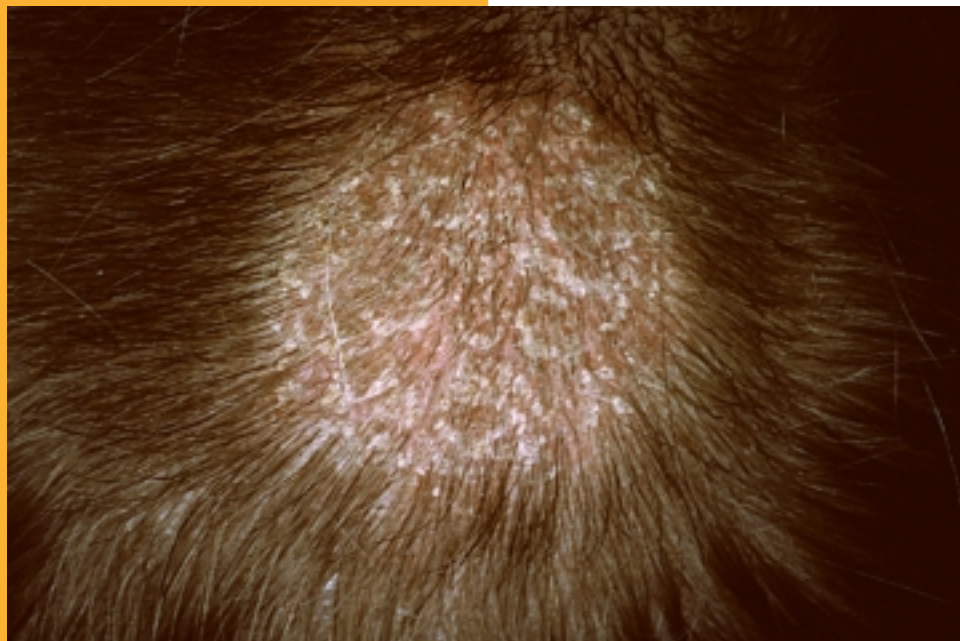
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Tinea capitis or ringworm

The scalp is attacked by a dermatophyte. Children are affected most often. Large plaque of alopecia, presence of numerous short broken hairs, on a greyish and scaly base. The pathogen is most frequently *Microsporum canis*. Ringworm is characteristic of the prepubescent period: it is distinguished from alopecia or pseudo-alopecia by its floury appearance.

Basic Lesions: Scales

Causes: Infection



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Kerion

Crusty and well demarcated suppurative patch sometimes tumour-like. Most typical site is the scalp in the child. ►

Basic Lesions: Nodules

Causes: Infection



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Kerion

continued

Another most typical site is the beard in the adult. ►

Basic Lesions: Nodules

Causes: Infection



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Kerion

continued

The lesion evolves into a definitive scar. The pathogen is *Trichophyton mentagrophytes* or *Trichophyton verrucosum*.

Basic Lesions: Scars

Causes: Infection



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Onychomycosis due to dermatophytes

Thickened and opaque nail, distal onycholysis. The nail becomes brittle. There is no associated paronychia. ▶

Basic Lesions: None specific

Causes: Infection



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Onychomycosis due to dermatophytes

continued

More rarely, dermatophytic onychomycosis involves the superficial layer of the nail plate and appears in the form of small opaque whitish patches which are well demarcated (appearance of leuconychia). The surface becomes more brittle as a result.

Basic Lesions: None specific

Causes: Infection



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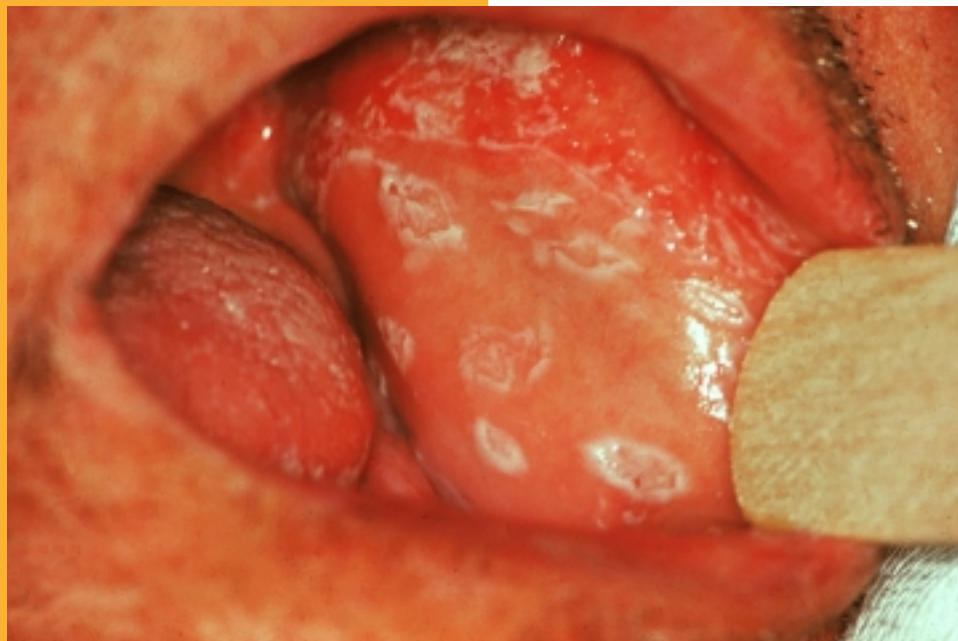


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8.2 Candidiasis



Thrush

Thrush is the classical form of intraoral candidiasis, characterized by a whitish coating of creamy consistency covering bright red areas of erosion. Scraping with the curette removes the coating and exposes the erosion patches. The inner cheek surface and the tongue are affected. The surrounding mucosa is inflamed and there is a considerable burning sensation. The pathogen is *Candida albicans*.

Basic Lesions: Achromic macules; Excoriations (or Ulcerations)

Causes: Infection



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Angular cheilitis

Fissures, which are most frequently symmetrical, localized at the corners of the lips and surrounded by small impetigo-like crusts. Edentulous patients or patients with badly fitting dentures are most frequently affected. A superimposed bacterial infection is very common.

Basic Lesions: Fissures

Causes: Infection



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Candidal intertrigo

More or less symmetrical exudative erythematous axillary patches with small satellite lesions. A peripheral desquamative collarette is often present. ►

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Candidal intertrigo

continued

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Candidal vulvovaginitis

Symmetrical involvement of the external genitals with peripheral desquamative collarette and small punctiform erythematous satellite lesions which are sometimes somewhat pustular. Itching is generally severe. There is frequently an associated whitish leucorrhoea.

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Candidal balanitis

Glazed erythema surrounded by a fine whitish border, affecting the glans and the neck of the penis. Relatively intense burning. Recurrences are common.

Basic Lesions: Erythematous Macule

Causes: Infection



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Candidal paronychia and subungual infection

Thickened, brittle, and yellowish nail, accompanied by an inflamed nail fold which discharges a purulent exudate on pressure. Pain is typical. Some cases of candidal paronychia are preceded by irritant dermatitis, most frequently to vegetable or animal proteins (protein contact dermatitis).

Basic Lesions: Pustules

Causes: Infection



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Napkin candidiasis (infant)

Wide glazed erythematous patch over the whole area of genitals and buttocks with satellite lesions. The condition classically starts at the base of the folds (inguinal folds, cleft of the buttocks or anal region).

Basic Lesions: Erythematous Macule

Causes: Infection



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8.3 Pityriasis versicolor



Small, well-demarcated buff or brownish patches located mainly on the trunk or the neck. Pruritus is moderate or absent. ▶

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Pityriasis versicolor

continued

Scraping with a curette reveals a scale becoming detached from a mass of scales: chip sign.

The depigmented form can either be scaly from the beginning and thus contagious, or residual after exposure of pigmented pityriasis versicolor to the sun. ▶

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Pityriasis versicolor

continued

In this case it is not contagious and represents only the aftermath of an old pityriasis versicolor after treatment. In cases of doubt, mycological examination reveals the presence of short mycelial filaments accompanied by colonies of small round spores (*Malassezia furfur*). Wood's light examination reveals the presence of a yellowish fluorescence.

Basic Lesions: Achromic macules

Causes: Infection

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8.4 Deep fungal infections



Sporotrichosis

Multiple violet papulonodular lesions developing along the lines of lymphatic drainage, associated with infection with *Sporothrix schenckii*. The limbs are most frequently affected.

Basic Lesions: Dermal Papules; Nodules

Causes: Infection



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Mycetoma (Madura foot)

Severe inflammatory swelling located most frequently on the foot, exuding a purulent material containing grains through fine breaks. The pathogens can be either eumycetes or actinomycetes.

Basic Lesions: Nodules

Causes: Infection



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