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Skin infection due to Trichophyton tonsurans

Dermatofitosis por Trichophyton tonsurans

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Fig. 2.

An 11-year-old healthy girl presented to the emergency department with a cutaneous circular plaque on her right leg. She lived with her parents and a healthy dog. The rash had started 6 days before as an erythematous scaly plaque with progressive developing of pustules. It was mildly pruritic and painful and had not improved with neither mupirocin ointment nor oral amoxicillin/clavulanic acid for 6 days. Physical examination showed a 5×4 cm erythematous circular plaque with peripheral pustules on the right leg (Fig. 1). Mycological culture of skin scraping confirmed a *Trichophyton tonsurans* skin infection, an anthropophilic dermatophyte more often isolated from the scalp but which may also cause dermatophytoses associated with skin and nails. The patient began oral terbinafine and topical hydrocortisone/miconazole cream with slowly improvement. As the pustules disappeared, the plaque began to turn cicatricial and keratin plugs appeared in the follicular orifices (Fig. 2). Our patient completed 8-week course of oral Terbinafine (150 mg per day) and after 2 months of topical retinoid, the keratin plugs have resolved leaving a cicatricial plaque.

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