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Introduction

Tinea capitis is a fungal infection not exclusively confined to children; clinical aspects vary according to the pathogenic species involved. The main causes of Tinea Capitis are dermatophytes, while the contribution of non-dermatophytes (NDM) to its pathogenesis is often overlooked.



Clearing alopecia of the scalp

Observation

We report the case of a 59-year-old female patient referred by her attending physician for skin and scalp lesions. Notion of recent discovery of retroviral infection at AIDS disease stage (pulmonary pneumocystis).

Clinical examination revealed several circinate plaques all over the body with a raised border and clearing alopecia of the scalp with a positive traction sign.

Dermoscopy examination revealed a significant decrease in hair density, with a single hair per orifice, several non-follicular pustules (>5/field), peripillary scales and diffuse scalp erythema. No morphological abnormalities of the hairs were noted.



Discussion

Two samples were sent for fungal culture and both showed dark brown colonies on the surface and black coloration when viewed from the reverse side. The microorganism was identified by the reference laboratory as Cladosporium species. The conidia were usually noted to be single-celled with a distinct dark hilum. These features were considered to be diagnostic for Cladosporium; however, the laboratory could not identify the organism to the species level.



A treatment with itroconazol was initiated at an oral daily dose of 200 mg for 2 months. Upon re-evaluation, she showed significant improvement with with partial hair regrowth and, most importantly, a decrease of itching.

Cladosporium a dematiaceous saprophytic fungus commonly found in diverse environments, has been reported to cause allergy, and it is a very rare cause of human illness.

Studies found the association with infections of the respiratory tract and the central nervous system (CNS) especially in

Conclusion

A few cases of cutaneous infection have been described in the literature (Subcutaneous Phaeohyphomycosis) but no case of cladosporium tinea capitis.

References

- 1, Sosa EEA, Cohen PR, Tschen JA. Cladosporium scalp infection. *Skinmed*. 2012;10(6):393–4
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