



CHROMOPHYTOSIS OVER THE GROIN – AN UNUSUAL PRESENTATION

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ABSTRACT

Pityriasis versicolor is also known as tinea versicolor. It is a common superficial fungal infection of the skin. Clinical features of pityriasis versicolor include either hyperpigmented or hypopigmented fine scaled macules or patches. The most affected sites are the trunk, neck and proximal extremities. It rarely occurs over the groin.^[1] It is caused by yeasts of the *Malassezia* species, commensal of the keratinized layers of the skin which under certain conditions become pathogenic determining the clinical manifestations of the disease. We hereby report a case of Pityriasis versicolor occurring over the groin, a rare presentation.

KEYWORDS : Pityriasis versicolor, Chromophytosis, *Malassezia*, KOH test, Wood's lamp, golden yellow fluorescence.

INTRODUCTION:

Pityriasis versicolor (PV), also known as tinea versicolor, is a frequent, superficial fungal infection of the skin. It belongs to *Malassezia*-related diseases. Clinical features of pityriasis versicolor are hyperpigmented or hypopigmented fine scaly macules. The most frequently affected sites are the trunk, neck and proximal extremities. However, involvement of unusual areas of the body such as the face, scalp, arms, legs, intertriginous sites, genitalia, areolae, palms and soles has been reported.^{[2][7]}

The highest incidence of PV was observed in young persons compared to other age groups and the occurrence of PV before puberty or after age 65 years is uncommon. Diagnosis is by clinical examination, KOH examination shows typical "spaghetti and meat ball" appearance and Wood's lamp examination shows yellowish fluorescence. Topical antifungals are the first line of treatment and systemic antifungals are recommended for severe or recalcitrant cases.^[3]

CASE REPORT:

A 29 year old man came with the chief complaints of multiple, hypopigmented patches in the groin for the past 5 weeks and also complains of mild itch in the groin.

On examination, the lesions were symmetrically distributed, hypopigmented macules with fine scales that coalesced to form patches involving the groin region. No lesions present elsewhere in the body.

No history of any pre-existing lesions at that site.

Wood's lamp examination was done and lesions showed golden yellow fluorescence.

In direct KOH skin smear, fungal elements with characteristic 'spaghetti and meat ball' appearance was observed.

He is a known case of oral and genital lichen planus.

DISCUSSION:

Pityriasis versicolor is caused by *Malassezia*, a dimorphic lipophilic fungus, also known as *Pityrosporum*. It is a component of normal skin flora. The main species isolated in pityriasis versicolor are *Malassezia furfur*, *Malassezia globosa* and *Malassezia sympodialis*. *Malassezia* is a commensal of healthy skin and it is most common in oily areas such as the face, scalp and back.^[4] *Malassezia* can cause pityriasis versicolor when it converts to its pathogenic filamentous form. The factors contributing to the yeast/mycelial shift are humid environment leading to hyperhidrosis, malnutrition, diabetes mellitus, use of oral contraceptive pills, Cushing's disease, corticosteroids, immunosuppression and hereditary predisposition. The ultraviolet black light (Wood's lamp) may help to demonstrate the golden yellow fluorescence of pityriasis versicolor.^[5]

The diagnosis is confirmed by microscopic examination of scales soaked in potassium hydroxide, which demonstrates the characteristic 'spaghetti and meat ball' appearance where the term 'spaghetti' denotes fungal hyphae and the term 'meatball' denotes fungal spores.^[6] It can be confirmed by histopathology which shows a slightly hyperkeratotic stratum corneum containing numerous hyphae and spores.

CONCLUSION:

Pityriasis versicolor is a mild chronic superficial fungal infection of the stratum corneum characterized by patchy and scaly discoloration of the skin. The involved organism is *Malassezia furfur* or *Pityrosporum*, a yeast-like lipophilic fungus.

The chief lesion is a macule that may be hypopigmented or hyperpigmented and covered with fine branny scales. The most frequently affected sites are the trunk, neck and proximal extremities and also some unusual regions like the groin. Pityriasis versicolor responds well to induction therapy. However, long term maintenance therapy often is required because of high recurrence rate.



Figure 1: Multiple Hypopigmented Macules And Patches With Fine Branny Scales In The Groin.



Figure 2: On Wood's Lamp Examination, Demonstration Of Golden Yellow Fluorescence.



Figure 3: Multiple Hypopigmented Macules Coalesced Into Patches In A Symmetrical Distribution With Fine Branny Scales.

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