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Original Research Paper

Dermatology

TINEA CAPITIS - A MISDIAGNOSED ENTITY

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ABSTRACT Tinea Capitis is a fungal infection of the scalp skin and surrounding area caused by Microsporum and Trichophyton species.This is commonly seen in young children 2 to 7 years of age. It is likely to occur more common than is reported and recent studies show a significant increase in the no of cases.

KEYWORDS : Capitis, antifungals, azoles

Case Report

A 10 years old female presented to us with single well defined patch of hair loss at the vertex since 3 months. There was history of itching in the patch.On examination there was a slightly erythematous patch of hair loss with black dots.There was no history of similar lesions in the family.Systemic examination was normal .Patient was treated as a case of alopecia aerate from outside. Since there were black dots, we made diagnosis of Tinea Capitis. Patient was started on antifungal Terbinafine 125 mg per day since her weight was 16 kg along with topical azole cream. On 6 weeks follow up, lesion has improved. There were no new lesions. We now plan to continue terbinafine for one more month .

DISCUSSION

Epidemiology of Tinea Capitis is related to many factors like social, cultural and nutritional factors. More commonly seen in hot, humid climates. Affects children more than adults. Microsporum canis remains the most common organism responsible for this followed by Trichophyton. These fungus have the capability to infect keratinized tissue including the hair. Hair is infected in one of the three ways (endothrix, ectothrix ,Favus). PAS stain helps in identifying the fungus. Black dot tinea is the classical presentation. Kerion is the boggy inflammatory type. Treatment consist of systemic antifungals for 4 to 8 weeks.Antifunal shampoo can be used .It has good prognosis when treated early and with appropriate fungal treatment .

CONCLUSION

Tinea Capitis is commonly misdiagnosed as seborrhoeic dermatitis or other alopecia disorders. Health care providers should work as a team in identifying the condition. The key is prompt diagnosis,oral therapy and follow up to ensure complete treatment.

Acknowledgement

We would like to thank patient who agreed to have her case reported

Declaration of patient consent

We certify that we have obtained patient consent. Patient have given consent for images and other clinical information to be reported in the journal. The patient understands that their name and initials will not be published and due efforts will be made to conceal their identity,but anonymity can not be guaranteed.

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Nil

Conflicts of interest

Nil

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