



PITYROSPORUM FOLLICULITIS - A CASE REPORT

Dermatology

Dr Ankur Sharma Dermatologist RH Bilaspur 174001

**Dr Ravinder Singh
Thakur** Surgeon RH Bilaspur 174001

Dr Sachin Sharma Senior Resident Department of Pathology SLBSGMCH Nerchowk

ABSTRACT

Pityrosporum folliculitis is a common inflammatory disorder which is misdiagnosed as acne vulgaris but patient typically do not respond to anti acne treatments. Patients present with follicular papulopustular inflammation of back, chest and sometimes face. Although this condition responds to anti fungal therapy very well once diagnosed properly.

KEYWORDS

Folliculitis, antifungal, itraconazole

Case Report

A 18 year old male patient presented to skin opd with history of multiple papules and pustules over whole back since 15 days . The lesions were multiple in numbers and itchy. Patient had already taken multiple over the counter medications and anti acne vulgaris treatments. But there were no improvement in the no of lesions. There was no history of trauma , infection or similar history in the family.No other comorbidity was present.

On physical examination, there were multiple inflammatory papules, pustules which were monomorphic with size 2-3 mm more extensive over both the shoulder joints.

The lesions were pruritic which was more in the humid weather. Keeping all this pony's in view, a diagnosis of pityrosporum folliculitis was made. All other treatments that he was taking from outside were stopped. Patient was started on topical antifungal and oral drugs in the form of itraconazole and was asked to come for follow up after 15 days. On subsequent follow up there was drastic improvement in the no of lesions and itching has subsided already.

DISCUSSION

This entity is usually misdiagnosed as it mimics acne vulgaris. KOH examination is an easy way to diagnose this entity. But in field sometimes this facility is not available. In those cases the typical monomorphic lesions and non response to anti acne treatments helps in diagnosis. The main pathology is the inflammation of follicles includes occlusion followed by a increase of the yeast that thrives in oily sebum rich areas. More associated with use of oral corticosteroids, DM, chemotherapy and other immune compromised state.Our patient responded very well to itraconazole which was given in a dose of 200 mg once a day for minimum one month. No recurrence was noted in the span of 6 months. Although studies have shown recurrent episodes of entity where repeat courses of antifungal might be required or maintenance with anti fungal shampoos.

CONCLUSION

Symptoms of pityrosporum folliculitis often wax and wane depending on the time of the year, weather conditions and can worsen with typical anti acne treatments. Although studies have also shown acne vulgaris and pityrosporum folliculitis simultaneously.

Acknowledgement

We would like to thank patient who agreed to have his 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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Conflicts of interest

Nil

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