

WHAT IS THE DIAGNOSIS?

Tinea negra

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MEDICAL CASE

A six-year old girl with no personal medical history is brought to the Pediatric Dermatology Department presenting a pigmented skin lesion on the right foot's sole. It is asymptomatic, only that it has grown rapidly on the past several months (figure 1). Mother refers that they have been travelling to the beach many times in the past months. She is very concerned as they have a family medical history of melanoma. During the medical examination, on the patient's right sole, a rounded macula is observed, that measures 1 cm in diameter, brown, well defined and with a smooth surface. During the dermoscopy assessment, we observed a rounded pigmented well-demarcate lesion with peripheral spicules and without scales (figure 2). A direct mycology test was performed and culture.



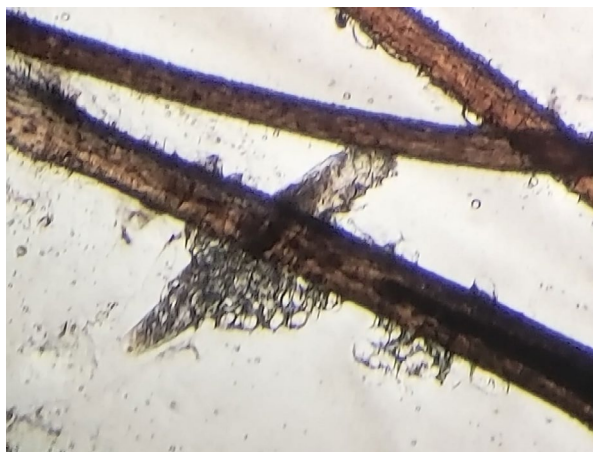
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The direct mycology test, reports the presence of short hyphae and the culture shows black colonies (figure 3). Basing our diagnosis on the suggestive medical history and the mycology exam, we have concluded that we have a Tinea Nigra on her right sole.

DISCUSSION

Tinea Nigra is a superficial dermatomycosis caused by a fungus called *Hortaea werneckii*.





It has a universal distribution, generally seen on tropical and subtropical places. It was first described by McGinnis and Schell in 1985. Mainly found on children and young adults, predominantly females. This causative agent has the ability to survive high concentrations of salt, so it can be commonly found in coastal areas. Its clinical presentation is a single brown blackish macula. The color is caused by the melanine-like pigment produce by the fungus. It can be of different sizes, well defined, asymptomatic, of chronic evolution and a fast pace growth. They are mainly found on palms and soles and generally in a unilateral manner. The dermoscopic pattern describes it as a pigmented patch, with a regular distribution of the pigmentation and peripheral spicules. The diagnosis of this condition is based on the clinical and dermoscopy examination, and is later confirmed with the direct mycological study and culture.

The mycological study, direct examination, reveals the presence of pigmented hyphae and in the culture initially black colonies with a creamy appearance are observed that later on turn filamentous. It is necessary a high level of clinical presumption, since these lesions can be confused with other pigmented lesions as are melanocytic nevus, dysplastic nevus, lentigo and melanoma, as well as other inflammatory conditions like exanthema medicamentosum fixum, post inflammatory hyperpigmentation or in case of different dyes from chemical products or pigments like henna or silver nitrate. The treatment is base in keratolytic agents and topical antifungal lotions being resolved in 2 to 4 weeks.¹

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