A enjoyable summer holiday...with souvenir

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Objectives

We report a rare case of neonatal dermatophytoses, emphasizing on the altered clinical presentation triggered by the use of steroids. Also we wish to highlight the importance of mycological investigations before starting treatment, in order to improve diagnostic accuracy.

Methods

A 3 month-old-neonate presented to our observation with one month history of multiple, scaly, erythematous, annular lesions on trunk (Figure 1). None of the family members showed any evidence of dermatophytosis. The hair, nails, and mucosae were spared. His parents referred to have had an holiday to grandparents'cottage. The little patient had been treated with topical steroid for 2 weeks, subsequently with topical antiviral, antibiotics and permethrin cream. He was subjected to microscopic and culture examination.

Results

KOH examination showed numerous septate branching hyphae typical of dermatophytes. Culture on Sabouraud's dextrose agar medium grew *Microsporum canis* (Figure 2). The neonate was treated with topical miconazole 2% cream with complete resolution of lesions in 4 weeks (Figure 3).

Conclusions

Fungal infection of skin in the new born is uncommon except for candidal vesicopustular diaper rash and thrush. Although dermatophytic infections are seen in children, it is quite uncommon to find these infections in the neonatal age group. In our patient, the topical application of steroids probably resulted in producing an altered presentation of the infection. *Microsporum canis*, for which the natural hosts are cats and dogs, is the most prevalent zoophilic agent causing tinea capitis and tinea corporis in children. Humans can become infected by direct contact with sick animals, healthy carriers, or by contact with contaminated dust, brushes, or clothing. Mycological examination had allowed the appropriate therapy and complete clearance of lesions.

Figure 1: erythematous, annular lesions, before treatment.

Figure 2: a) septate hyphae (x400 objective); b) culture of *M. canis*; c) microscopy of *M. Canis* (x400 objective).

Figure 3: complete recovery after treatment.

References

- Khare AK, Gupta LK, Mittal A, Kuldeep CM, Goyal A. Neonatal tinea corporis. Indian J Dermatol. 2010;55(2):201
- Metkar A, Joshi A, Vishalakshi V, Miskeen AK et al. Extensive neonatal dermatophytoses. Pediatr Dermatol. 2010;27(2):189-91