

## TINEA GRANULOMATOSA CRURIS

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Follicular dermatophytosis of the lower legs is a disease which in the international literature is usually named *Tinea granulomatosa nodularis cruris* or *Tinea follicularis cruris* (5, 6). Since the first description by Wilson in 1951 (7) interest has been focused on this condition because of improvement in mycological methods and/or increased morbidity. The disease is more frequent among women (2, 5, 6), is localized to the lower legs, is either unilateral or symmetrical and has little tendency to spontaneous cure.

As a rule the clinical picture is characteristic and shows redness, sometimes slight, scattered infiltration and papulopustules within a limited skin area. Differential diagnostic problems of eczemas, psoriasis, and folliculitis may arise.

Sometimes the dermal lesion may be profound, and nodulo-granulomatous changes of the skin with somewhat livid colour are seen, giving rise to suspicion of papulonecrotic tuberculides, erythema induratum Bazin or tuberculous syphilides.

The diagnosis is verified by culture and/or direct examination. In the nodulo-granulomatous cases histopathological examinations is of great value.

During the last year (1967-68) two cases of *Tinea follicularis cruris* of the superficial type have been diagnosed at the Department of Dermatology, Karolinska sjukhuset, Stockholm (1).

The aim of the present paper is to de-

scribe one case of deep nodulo-granulomatous form of the disease. Apparently it is the first described in Scandinavian countries.

*Case:* A 51 years old electrician suffered for four years from a nodulo-granulomatous dermatitis on the lateral side of left lower leg in an area of about 4×6 centimeters (fig. 1). At the first examination the lesion showed a bluish-red color and was moderately painful on palpation.

The histopathological examination<sup>1</sup> showed hyperkeratosis, a tendency to parakeratosis, acanthosis, elongation of the rete pegs and an elongation and broadening of the papillae. In the corium were seen inflammatory infiltration and some fibrosis. Numerous mycelial elements were seen in the epithelium.

The remaining skin was quite normal. No local adenitis was found. The mantoux reaction (Old tuberculin) was negative in dilution up to 1:100, and the trichophytin<sup>2</sup> reaction was positive in dilution 1:50, read after 48 hours. Direct examination of KOH-mounted preparation of skin scrapings from the lesion showed abundance of mycelia. Culturing revealed growth of *Trichophyton rubrum*. Bacteriological examination showed the presence of *Staphylococcus aureus*.

The patient was given griseofulvin per os 1 gram pro die and topical treatment with pecilocinum.<sup>3</sup>

<sup>1</sup> The histopathological examination was made by dr. Björn Lagerholm.

<sup>2</sup> Farbwerke Hoechst AG, Frankfurt (M).

<sup>3</sup> Variotin®, Leo Pharmaceutical Prod., Copenhagen.



Fig. 1. *Tinea granulomatosa cruris*. Red-bluish, slight infiltrated, excoriated maculo-papulopustulous lesion of the left lower leg.

The lesion was macroscopically healed in two months. Renewed mycological examinations were negative.

No tendency to recidivation was seen during a six months control period.

#### Discussion

*T. rubrum* as the cause of *tinea nodularis cruris* has been reported previously by Herpay (6). Trigger factors have been described and discussed to be infection from

cats, guinea-pigs (6), bites of insects (3), microtraumata of the skin (4, 5) or simultaneous dermatophytosis of nails and/or of toe webs (4), or vascular changes in the skin (6).

In the present case no signs of vascular changes or other forms of dermatophytosis could be found. No history of insect bites or trauma were described.

#### SUMMARY

A case of *Tinea granulomatosa cruris* in a 51 years old man is described. The etiologic agent was *Trichophyton rubrum*. Griseofulvin-therapy during two months healed completely the lesion.

#### REFERENCES

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