Two Erratic Cases of Tinea Capitis in Adults: Utility of Trichoscopy

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ABSTRACT

Tinea capitis (TC) is a common infectious disease throughout the world, mainly seen in children, but it can occur in adults. Even if mycological examination is essential to confirm the diagnosis, it has been proved that trichoscopy is a very effective useful tool in the screening of TC. Herein, we report two cases of adult TC with atypical clinical presentations causing a diagnostic delay of several years.

Key words: Adult, tinea capitis, trichoscopy

INTRODUCTION

Tinea capitis (TC) is a superficial scalp infection caused by different dermatophyte fungi. It mainly affects children and rarely adults. Trichoscopy (T) is a practical method that can reveal distinctive signs between TC and other scalp disorders. Herein, we report two cases of adult TC diagnosed thanks to T.

CASE REPORTS

Dermlite DI4 dermatoscope (×10 magnifications) with polarized lights was employed in the examination of both cases. Sony camera (digital, 12 megapixels) was attached to save the images.

1ST CASE

A healthy, 54-year-old female presented with a 1-year history of itchy and scaly alopecic patches on the mid-scalp area [Figure 1]. Physical examination revealed several 3–6 cm scaly patches with adherent crusts in the border and a scarring alopecia center, present on the midscalp region. The T showed numerous corkscrew hairs, comma hairs, zigzag hairs, and black dots, very suggestive of TC. Direct microscopy examination was positive and showed endothrix parasitism. A fungal culture grew Trichophyton violaceum. The patient was put on griseofulvin with good progress.

2ND CASE

A 79-year-old female, with diabetes mellitus requiring insulin treatment, consulted our department for a 2-year history of scaly alopecic patches on the mid-scalp area. The T showed numerous corkscrew hairs, comma hairs, zigzag hairs, and black dots, very suggestive of TC. Direct microscopy examination was positive and showed endothrix parasitism. A fungal culture grew Trichophyton violaceum. The patient was put on griseofulvin with good progress.
of itching, scaling, and hair loss. Treatment with clobetasol solution and topical steroids proved to be ineffective. Physical examination revealed multiple erythematous scaly patches, slightly infiltrated, evolving the whole body, and associated with diffuse scaly alopecia of the scalp [Figure 2]. The T revealed the presence of comma and zigzag hairs [Figure 2]. Direct microscopy was positive in the body as well as in the scalp, showing endothrix parasitism. The fungal culture showed *T. violaceum*. The patient was put on fluconazole with rapid improvement of symptoms.

**DISCUSSION**

We report two observations of TC in adults, original by their misleading clinical presentations, resulting in a diagnostic delay of several years. These undetected cases could be diagnosed earlier if T was used at first place. TC is a common infectious disease, most often observed in children.\(^1\) It is rare in adults but not exceptional.\(^4,5\) In fact, the clinical manifestation of adult TC could be erratic. When scaling is present in the scalp of adult patients, physicians are more likely to suspect common papulosquamous conditions, such as psoriasis, seborrheic dermatitis, and lichen planopilaris.\(^6,7\) In our cases, the clinical manifestation was not suggestive of TC and only the presence of typical trichoscopic signs of tinea encouraged us to carry out a mycological examination. Dermoscopy is a simple and inexpensive method that has been suggested to aid the clinical recognition of TC showing specific criteria.\(^3,9\) The aspects described are mainly:\(^3,9\) the comma hairs which represent broken hairs; the corkscrew hairs which are broken coiled hairs so they are a variation of the comma hairs in cases of curly hair or the result of a specific type of fungal parasitism; the bar-code hairs, hairs with multiple white bands, related to localized areas of fungal infection, with normal-looking hair keratin between them; the zigzag hairs; and the black dots which represent cadaverized hairs. In conclusion, even if mycological examination is essential to confirm the diagnosis of tinea, herein we insist that T is a very effective useful tool in the screening of TC, particularly in adult and atypical forms.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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**Conflicts of interest**

There are no conflicts of interest.

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