

# Tinea corporis bullosa masquerading bullous pemphigoid

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**Abstract** Tinea infections are among the most common dermatologic conditions throughout the world. Tinea corporis is superficial infection of glabrous skin caused by dermatophytes. A 60 years old male presented to the outpatient department of dermatology of tertiary health care hospital with complaints of painful pruritic multiple fluid filled lesions on face, lower abdomen, penis, buttocks, thighs and pubic region for 2 months. Direct microscopic examination of the scales removed from the borders of the lesion showed numerous thin septate fungal hyphae. Dermo-epidermal bullae with presence of inflammatory cell infiltrate comprising predominantly neutrophils along with an occasional lymphocytes and eosinophils were seen on histopathology. The case we described has some typical dermatophytic features like erythematous annular lesions with central clearing and atypical features like bullous lesions with erosions. The case is rare and hence reported.

**Key words**

Tinea; dermatophytes; bulla; infection; histopathological.

## Introduction

Tinea infections are among the most common dermatologic conditions throughout the world. Tinea corporis is superficial infection of glabrous skin caused by dermatophytes.

## Case report

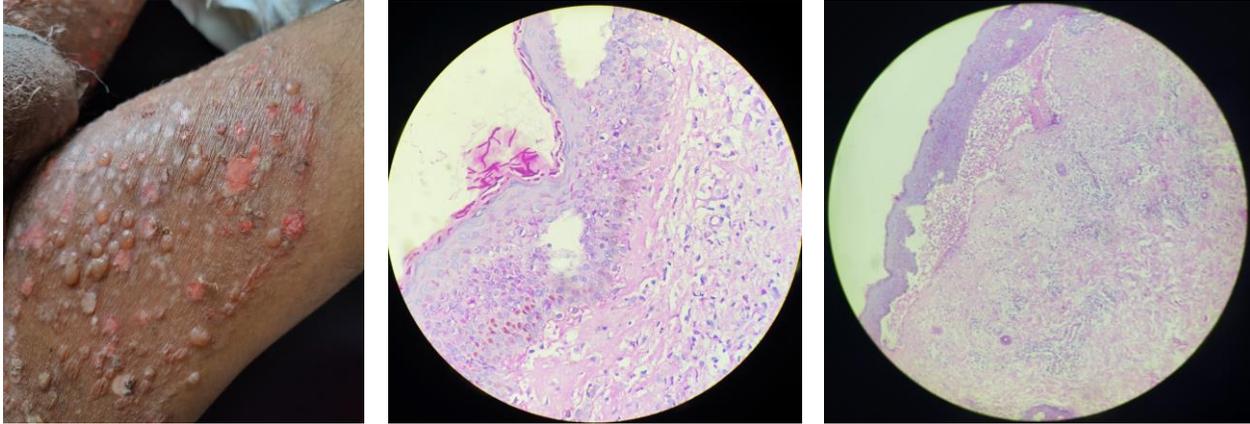
A 60 years old male presented with complaints of painful pruritic multiple fluid filled lesions on face, lower abdomen, penis, buttocks, thighs and pubic region for 2 months. On examination, multiple well defined erythematous annular plaques with scaly raised margins along with multiple discrete tense bullae with clear fluid are seen (**Figure 1**). Few erythematous erosions are

also seen. Few bullae are seen in solitary without any underlying annular plaque. Lesions were associated with pain and mild itching. KOH examination of the scales taken from the margins of the lesion showed numerous thin septate fungal hyphae (**Figure 2**). Fungal culture from skin scrapping shows growth for Trichophyton mentagrophytes. Histopathological examination showed focal acanthosis and focal spongiosis. Hyphae and spores were seen in the stratum corneum (**Figure 3**). Dermo-epidermal bullae with presence of inflammatory cell infiltrate comprising predominantly neutrophils along with an occasional lymphocytes and eosinophils also seen. The dermis shows moderate degree of perivascular and perineural mixed inflammatory cell infiltrate comprising of lymphocytes, plasma cells and neutrophils. Patient was treated with oral Itraconazole 200 mg daily for 4 weeks. Patient achieved complete resolution of lesions within 3 weeks. Lesions healed with post inflammatory hyperpigmentation.

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**Figure 1** Erythematous annular plaques with multiple discrete tense bullae in a 60 years old male.

## Discussion

Clinically atypical varieties of tinea corporis have been reported and bullous lesions were reported in some case reports.<sup>1-5</sup> There are case reports of tinea mimicking Dermatitis herpetiformis, Linear IgA disease and Bullous Pemphigoid.<sup>6-8</sup> The case we described has some typical dermatophytic features like erythematous annular lesions with central clearing and atypical features like bullous lesions with erosions. The common aetiological agent is Tinea Mentagrophytes which is the cause of atypical lesions in immunosuppressed individuals.<sup>9</sup> In this case, Tinea verrucosum causes bullous lesions in immunocompetent patient. The pathogenesis of bullous lesions might be molecular mimicry. The case is rare and hence reported.

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