

EXTENSIVE FAVUS - CLINICAL IMAGES ROZLEGŁE TARCZKI WOSZCZYNOWE- OBRAZ KLINICZNY

Hassan Iffat¹, Mashkooor Wani¹, Hassan Zareena²

¹Department of Dermatology, STD & Leprosy Govt. Medical College & Associated SMHS Hospital, Srinagar-Kashmir, India, hassaniffat@gmail.com

²Department of Gynaecology & Obstetrics, Govt. Medical College & Associated SMHS Hospital, Srinagar-Kashmir, India

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A fifty eight year old woman presented with a 2 month history of scaly lesions associated with itching on scalp, trunk and extremities. The patient was a diagnosed case of rheumatoid arthritis and was taking oral corticosteroids and methotrexate for one year. There was no history of any other ailment. Examination of scalp revealed areas of erythema, scarring alopecia and yellow coloured cup shaped crusts pierced by hair in the center (Fig. 1,2,3). Similar crusts with erythema were present on both knees, elbows and lower back (Fig. 4,5,6). The potassium hydroxide examination of the crusts was positive for fungal hyphae and culture on Sabroud's dextrose agar medium revealed *T. schoenleinii* as single isolate. A diagnosis of extensive favus was made.



Figure 1

Favus is a superficial fungal infection usually caused by *T. schoenleinii*. It typically infects scalp hair but may also infect glabrous skin and nails. Favus usually begins on the scalp, often in childhood and persists for many years. The lesions start as perifollicular erythema with intact hair and develop into the characteristic scutulum, a yellow cup shaped crust that surrounds a hair which pierces its centre. The hair is not heavily infected and is usually able to grow. The most characteristic feature of the hair is the formation of air spaces within the infected hair, so called favus type hair. In advanced stages, there are large areas of extensive hair loss, atrophy, scarring and formation of new scutula at the periphery.

In our patient, unlike the usual course, the lesions were not present since childhood, the lesions were disseminated and the patient was on immunosuppressive drugs.



Figure 2

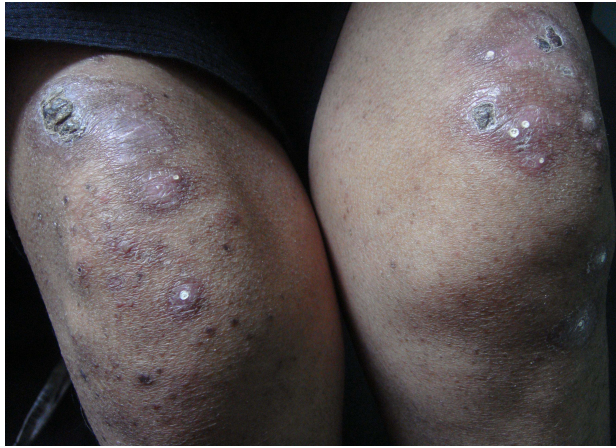


Figure 3

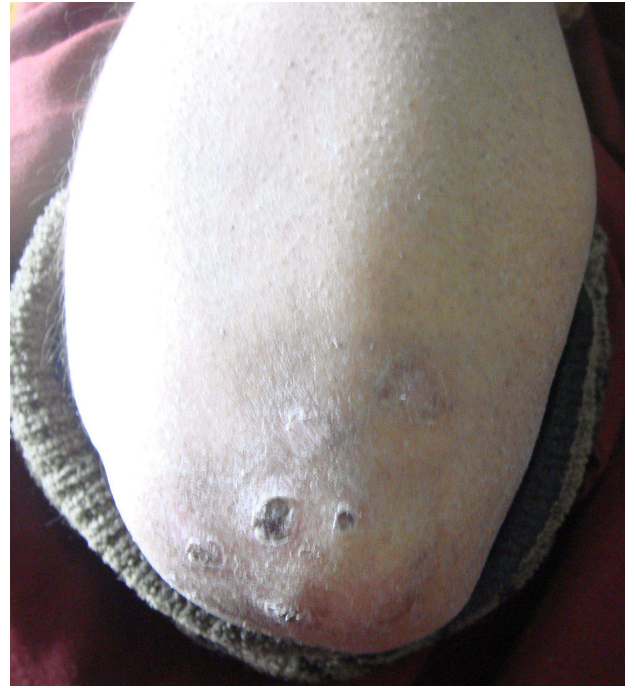


Figure 4

Address for correspondence:

Dr Iffat Hassan
House No:35,
Mominabad-Hyderpora,
Srinagar-Kashmir,
(J&K),
INDIA
190014
E mail:hassaniffat@gmail.com
Phone No: 91-194-2441884
91- 9419077667