CASE REPORT

A CASE OF KERION IN AN IMMUNOCOMPETENT ADULT CAUSED BY TRICHO PHYTON RUBRUM
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ABSTRACT: Kerion is an inflammatory type of tinea capitis. It occurs most frequently in children and rarely in adults. We report a 40 years old woman who presented with boggy mass over the scalp which was clinically diagnosed as Kerion and confirmed by KOH preparation and fungal culture and resolved with antifungals within 6 weeks.

KEYWORDS: Tinea capitis, Trichophyton rubrum.

INTRODUCTION: Tinea capitis is a disease of pre pubertal children common in age group of 5-15 years and rare in adults.[5][7] In adults it is mostly seen in immunocompromised individuals. Kerion is an inflammatory pattern which presents as a boggy mass with hair loss and purulent discharge.[8][10] Different pathogens have been implicated to cause kerion and predominant pathogen is Trichophyton and Microsporum species.[2][4] Trichophyton rubrum is a rare cause of Tinea capitis in an immunocompetent adult.[1][3][5]

CASE REPORT: A 40 year old woman presented with an itchy boggy mass over the scalp of 10 days duration.

On examination erythematous plaque studded with pustules and crusts over the occipital region associated with loss of hair.[Figure1] Few hairs were matted and easily pluck able. Posterior cervical lymphadenopathy was present. There was no evidence of fungal infection anywhere in the body. There was no history of any immune suppression and investigations done for sugars and HIV by ELISA after counseling was negative.

KOH examination from the lesion showed septate hyphae [Figure3] and fungal culture from the hair root grew Trichophytonrubrum. [Figure. 4] Her symptoms resolved completely after six weeks of treatment with systemic Griseofulvin (750mg/day), topical Clotrimazole cream and Ketoconazole shampoo.[Figure2]

DISCUSSION: Kerion is a type of tinea capitis associated with painful, inflamed, boggy, deep abscesses, purulent discharge and regional lymphadenopathy.[8] Failure to diagnose this condition early results in cicatrical alopecia of the affected areas.[8]Microsporum canis is the most common pathogen responsible for kerion in humans.[2]

In children T.violaceum is frequently isolated and in adults is T.tonsurans.[6] In our patient T.rubrum was isolated which is rare in tinea capitis but frequently causes tinea corporis.[1][2][6][7] It is the most common cause of dermatophytosis in HIV infected patients.[10]

The diagnosis of this condition is clinically supported by presence of florescence under Wood’s lamp examination and microscopic examination of the affected hair with potassium hydroxide (KOH). Definitive diagnosis is made by isolation of the fungus form culture of hair.[10]
Systemic antifungal therapy for two to six weeks is the treatment, which may be extended until clinical clearance is achieved. Griseofulvin, terbinafine, itraconazole or fluconazole may be used.

Adjunct topical therapies such as selenium sulphide or ketoconazole shampoo or creams reduce disease transmission and shorten treatment duration.[10] Household contacts and animals should be screened and treated accordingly to prevent recurrences.[8] Kerion is easily misdiagnosed as a bacterial infection due to its clinical presentation and appearance.[8] Thus fungal infection should be considered in adults with inflammatory scalp lesions.[1]

This case is presented for rarity of Trichophyton rubrum as a cause of Tinea capitis in an immunocompetent adult.

REFERENCES:

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