

An Unusual Presentation of Dermatophytid Reaction

Ziani J*, Douhi Z, Bennani M, Elloudi S, Baybay H and Mernissi FZ

Department of Dermatology, Hassan II hospital university, Fez, Morocco



Figure 1: Dermatophytid reaction.

Clinical Image

A 20-year-old woman with a history of contact with animals. She has had a rash for 2 years. Clinical examination revealed an eruption of non-follicular papules and micropustules from the trunk and upper limbs, on the scalp of alopecic plaques with flouy dander and a sign of positive traction. The rest of the examination showed cervical lymphadenopathy with no other abnormalities. The applied dermocorticoid and the administered griseofulvin are taken at a dose of 20 mg/kg/day for eight weeks. Dermatophytides are type IV delayed hypersensitivity reactions, secondary to opsonization, by antibodies directed against dermophyte antigens released at the site of infection. They occur in the acute phase of an infection between the 10th and 15th day or after 13 days of introduction of an antifungal treatment [1-3]. Several clinical pictures have been reported and the etiologies are diverse. Clinically, they manifest as rashes, itching [4-6]. The combination of oral corticosteroid therapy with antifungal therapy in the management of inflammatory ringworm is controversial and very little studied, the doses are from 0.5 mg/kg/day to 1 mg/kg/day of prednisone [7,8]. Clinical improvement with regression of lesions has been favored by dermocorticoids. It is important to know this clinical presentation in order to adopt the best therapeutic strategy (Figure 1).

Conflicts of Interest

Author declares that there is no conflict of interest.

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*Address for Correspondence: Dr. Jihane Ziani, Department of Dermatology, Hassan II hospital university, Fez, Morocco, E-mail: dr.zianijihane@gmail.com

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