

Letter to the Editor

A rare follicular variant of pityriasis versicolor

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Dear Sir,

A 16-year-old female presented with a one-month history of asymptomatic multiple brownish lesions over the abdomen. On examination, there were three well- to ill-defined oval plaques with brownish follicular pigmentation over the abdomen [Figure 1a]. Dermoscopy showed perifollicular brownish pigmentation with whitish scales [Figure 1b]. Dermoscopic assisted extraction of scales was done, as scales were not visible on direct examination, and potassium hydroxide 10% examination showed the presence of multiple short hyphae and spores referred to as “spaghetti and meatballs” [Figure 1c] confirming *Malassezia* infection, so a diagnosis of follicular pityriasis versicolor was made. She responded to oral fluconazole 400 mg stat and topical luliconazole 1% cream twice daily for four weeks.

Pityriasis versicolor caused by yeast of the genus *Malassezia* is a superficial chronically recurring fungal infection mainly caused by species *globosa*, *restricta*, and *sympodialis*.^[1] The various clinical variants of pityriasis versicolor that have been described include hypochromic, hyperchromic, combination of hypochromic and hyperchromic, circinate, erythematous, acral, blaschkoid, and atrophic, but localized follicular type has rarely been reported.^[1,2] Differentials in our case were follicular lichen planus pigmentosus, follicular eczema, and follicular pityriasis versicolor.

This case emphasizes the uncommon presentation of a rare variant of a prevalent skin condition, which may cause a diagnostic dilemma, but dermoscopy played an important role in the

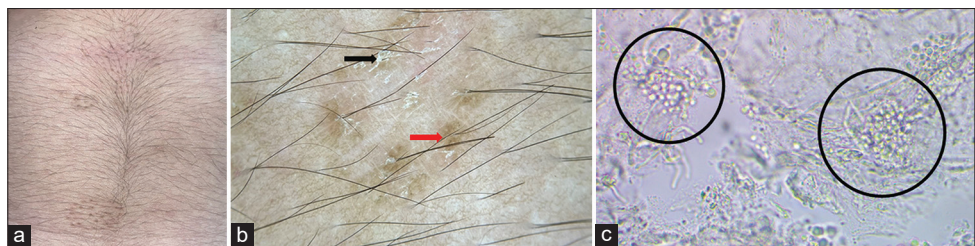


Figure 1: (a) Multiple brownish scaly macules present in a follicular distribution over the abdomen. (b) Dermoscopy (DermLite DL4; 4th Gen; San Juan Capistrano, California, USA), noncontact polarized mode, ×10 magnification, showed perifollicular brownish pigmentation (red arrow) with whitish scales (black arrow). (c) KOH examination (×40) of skin scrapings showed the presence of multiple short hyphae and spores (black circle).

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extraction of the imperceptible scales for microbiological examination and thus clinching the diagnosis.

Ethical approval

The Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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