



Letter to the Editor

A rare co-occurrence of tinea versicolor and erythrasma

Logamoorthy Ramamoorthy¹, Avaniya Sai Gajula¹

¹Department of Dermatology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.



***Corresponding author:**
Logamoorthy Ramamoorthy,
Department of Dermatology,
Jawaharlal Institute of
Postgraduate Medical
Education and Research,
Puducherry, India.
logamoorthy.r@gmail.com

Received: 21 September 2023
Accepted: 01 October 2023
Published: 19 October 2023

DOI
10.25259/CSDM_186_2023

Quick Response Code:



Dear Sir,

Erythrasma and tinea versicolor are the common superficial fungal infections in humans. The co-occurrence of these two infections is rare. Herein, we describe the case of a 45-year-old female suffering from both diseases at the same time.

A 45-year-old obese female complained of hypopigmented and hyperpigmented lesions over the trunk for 1 month. There was a history of burning sensation and scaling over the trunk with pustules over the neck for 5 days. There were no other comorbidities. On examination, the patient had multiple hypopigmented lesions over the trunk, axilla, and inframammary area and hyperpigmented lesions over the axilla, lower abdomen, and inframammary area [Figure 1a-c]. Dermoscopy showed yellow fluorescence over the hypopigmented areas and coral red fluorescence over the axilla and the inframammary regions [Figure 2a-c]. Laboratory investigations-KOH preparation from the hypopigmented lesion showed numerous spores with hyphae, and Gram's stained smear from the hyperpigmented lesion showed Gram-positive rods [Figure 3a and b]. Based on clinical and dermoscopic examination, tinea versicolor with erythrasma was diagnosed. The patient also had eczematous lesions over the trunk and neck suggestive of miliaria. The patient was treated with clarithromycin 1 g stat dose, oral fluconazole 400 mg stat dose, and topical 1% clotrimazole lotion for 2 weeks for erythrasma and tinea versicolor. The lesions completely resolved within 2 weeks [Figure 4a-c]. Herein, we report a rare coexistence of tinea versicolor and erythrasma in the same patient at the same time.

Erythrasma is a common superficial bacterial infection caused by *Corynebacterium minutissimum*. It commonly affects the intertriginous areas and presents as asymptomatic reddish-brown macules. Tinea versicolor is a common superficial fungal infection caused by *Malassezia* species. It commonly affects the seborrheic areas such as the trunk, inner aspect of upper arms, and face. It is characterized by hypopigmented or hyperpigmented macules with fine scales, usually asymptomatic or associated with mild itching. Predisposing conditions for both conditions are heat and humidity. The clinical suspicion of tinea versicolor and erythrasma can be confirmed by diagnostic tests. Wood's lamp examination shows faint green-yellow fluorescence in tinea versicolor and coral-red fluorescence in erythrasma.^[1] The diagnosis of erythrasma can also be confirmed by Gram stained smear showing Gram-positive rods. The diagnosis of tinea versicolor can also be confirmed by KOH preparation examination, showing short, thick hyphae with plenty of spores that appear as "spaghetti and meatball" or "banana and grapes." Tinea versicolor may be confused with erythrasma, so wood's lamp examination and laboratory investigations help differentiate both conditions when presented



Figure 1: (a-c) Multiple hypopigmented macules coalescing to form polycyclic margins over the upper trunk and hyperpigmented macules over the axilla, lower abdomen, and inframammary area with scaling.

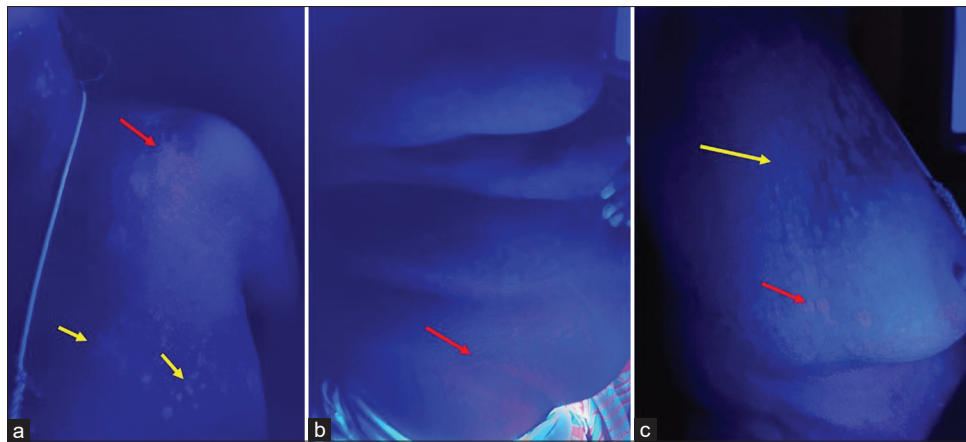


Figure 2: (a-c) Wood's lamp examination shows coral red fluorescence (red arrow) from hyperpigmented areas and yellow fluorescence (yellow arrow) from hypopigmented areas.

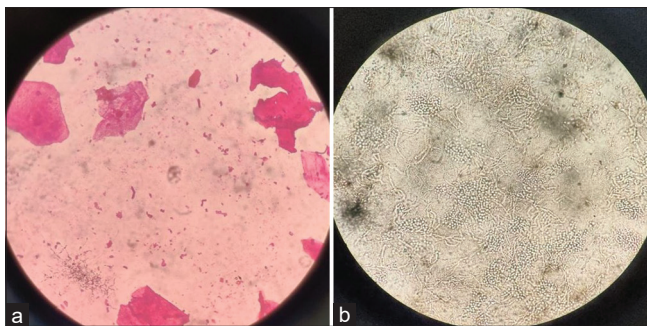


Figure 3: (a) Gram stain from hyperpigmented lesion shows gram-positive rods and (b) KOH from the hypopigmented lesions shows numerous spores and hyphae in "spaghetti and meatball" appearance.

in a patient simultaneously. Both conditions can be treated with imidazole creams in addition, washing the

area with soap and water and wearing loose-fitting cotton undergarments may help to treat the infection and prevent recurrence.^[1] This case highlights the rare observation of tinea versicolor and erythrasma in the same patient at the same time.

Declaration of patient consent

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

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.



Figure 4: (a-c) Post-treatment resolution of tinea versicolor and erythrasma with post-inflammatory pigmentation.

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.

REFERENCE

1. Karakatsanis G, Vakirlis E, Kastoridou C, Devliotou-Panagiotidou D. Coexistence of pityriasis versicolor and erythrasma. *Mycoses* 2004;47:343-5.

How to cite this article: Ramamoorthy L, Gajula AS. A rare co-occurrence of tinea versicolor and erythrasma. *CosmoDerma* 2023;3:151.