

Letter to the Editor

Dear *Cutis*[®]:

We read with interest the article entitled "Recalcitrant Tinea Corporis as the Presenting Manifestation of Patch-Stage Mycosis Fungoides" (*Cutis*. 2003;71:59-61) by Jason N. Hubert, MD, and Jeffrey P. Callen, MD. We observed a case supporting Hubert and Callen's hypothesis that disorders with immune dysfunction are possibly associated with recalcitrant dermatophyte infections.

A patient with subacute cutaneous lupus erythematosus (SCLE) unresponsive to hydroxychloroquine sulfate, dapsone, and high-dose methylprednisolone developed sharply demarcated, slightly scaling erythematous plaques on the trunk and upper extremities in addition to the existing SCLE-related lesions (Figure). Microscopic examination



Disseminated and well-demarcated, deep red to livid plaques on a diffuse erythematous background of the back. A less erythematous and infiltrated, slightly scaling plaque is present on the left shoulder.

of a potassium hydroxide preparation of skin scrapings showed hyphal elements. A fungal culture of a skin biopsy specimen showed *Trichophyton verrucosum*. After 14 days of itraconazole 200 mg per day, neither clinical nor microscopic clearance was achieved. Therefore, antifungal therapy was continued for 8 weeks combined with low-dose methylprednisolone and thalidomide 100 mg per day, resulting in a complete remission of both skin diseases.

Prolonged combination therapy cleared both tinea corporis and the underlying disease, as was observed in the case report by Hubert and Callen. Dermatophytoses due to *Trichophyton rubrum* and *T verrucosum* have been described in immunosuppressed patients.¹⁻³ The immunologic changes associated with SCLE, in combination with the use of systemic corticosteroids, may have increased the susceptibility of a fungal infection with *T verrucosum* in our patient.

Sincerely,
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REFERENCES

1. Akiba H, Motoki Y, Satoh M, et al. Recalcitrant trichophytic granuloma associated with NK-cell deficiency in a SLE patient treated with corticosteroid. *Eur J Dermatol*. 2001;11:58-62.
2. Safer LF, Lang PG Jr, Demetree JW, et al. Tinea faciei coexistent with discoid lupus erythematosus. *Arch Dermatol*. 1981;117:121-122.
3. Riordan AT, Cohen C. Tinea capitis caused by *Trichophyton rubrum* in a 67-year-old woman with systemic lupus erythematosus. *J Am Acad Dermatol*. 1994;31:138.