



Dermoscopy revealing a case of *Tinea Nigra*^{*}

Dermatoscopia no diagnóstico da *Tinea Nigra*

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Abstract: Dermoscopy has been used over the past twenty years as a noninvasive aid in the diagnosis of innumerable skin conditions, including infectious diseases and infestations (Entodermoscopy). *Tinea nigra* is a superficial phaeohyphomycosis that affects mainly the glabrous skin of palms and soles. We describe a 14 year-old girl with a three-month history of an enlarging brown patch of her hand diagnosed as *Tinea Nigra* following clinical and dermoscopy examination. These images emphasize the importance of dermoscopy as a diagnostic tool in the daily routine of dermatologists.

Keywords: Dermatomycoses; Dermoscopy; Hand dermatoses; Skin diseases, infectious; *Tinea*

Resumo: Nos últimos anos, a dermatoscopia tem sido utilizada como importante ferramenta auxiliar no diagnóstico de inúmeras dermatoses, incluindo infecções e infestações (Entodermatoscopia). A *Tinea nigra* é uma feoifomicose rara, que afeta principalmente a pele glabra das palmas e plantas. Descrevemos o caso de doente de 14 anos, com mácula pigmentada de crescimento progressivo na mão esquerda, diagnosticada como *Tinea nigra* após o exame clínico e dermatoscópico. Estas imagens enfatizam a importância da dermatoscopia na prática dermatológica diária.

Palavras-chave: Dermatomicoses; Dermatopatias infecciosas; Dermatoses da mão; Dermoscopia; *Tinha*

The term Entodermoscopy was coined by Zalaudek et al. for the use of dermoscopy as an aid in the in vivo diagnosis of skin infections and infestations.¹ Specific dermoscopic patterns have been recently described for several of these conditions with a view to facilitating their diagnosis.

One of these conditions is *Tinea nigra*. First identified in 1891 by Alexandre Cerqueira, in Bahia, Brazil, and described in 1916 by his son as *Keratomyces nigricans Palmaris*; this superficial phaeohyphomycosis is caused by the mould *Hortaea*

werneckii that occurs mainly in tropical or subtropical areas.^{1,5} The condition is characterized clinically by a gradually enlarging, irregularly pigmented macula on the palms and soles, which can be confused with melanocytic lesions.^{1,6,7}

Our report concerns a 14 year-old girl who presented with a 3-month history of a slow-growing asymptomatic pigmentation on her palm. Clinical examination revealed a well-demarcated, nondesquamative, irregularly pigmented macula on her left palm (Figure 1). Dermoscopy of the lesion showed superfi-

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FIGURE 1: *Tinea nigra*: A well-demarcated, nondesquamative, irregularly pigmented macula on the left hand

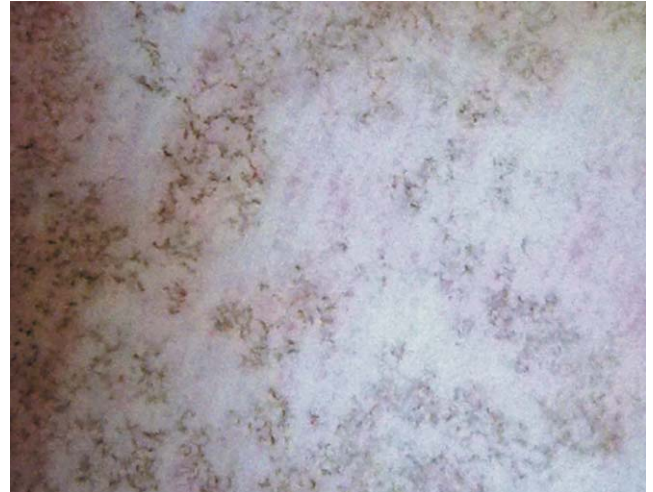


FIGURE 2: Dermoscopy 10X: Superficial fine, wispy pigmented spicules

cial fine, wispy pigmented spicules. These spicules did not respect the dermatoglyphic lines, thus confirming the *Tinea nigra* diagnosis (Figure 2). The patient was treated with ciclopirox olamine 1% cream, twice daily, with complete clinical resolution after three weeks of treatment.

The characteristic *Tinea nigra* dermoscopic pattern was first described by Gupta et al. in 1997 as 'pigmented spicules', which form an almost reticulated patch, as in our case described above.⁸

Our report emphasizes the importance of dermoscopy in the diagnosis of *Tinea nigra*. □

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