Case Report
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Neonatal Tinea: A Rare Entity and a Case Report

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Abstract

Introduction: Dermatophyte infections are a rarity in infants, with infection in neonates being still rarer. **Case Report:** We present a case of a 15-day-old female neonate with few, well-defined, scaly plaques present on the right cheek. Initial suspicion was of contact dermatitis and seborrheic dermatitis. Presence of tinea corporis and cruris in the father prompted us to do KOH examination which revealed the presence of fungal elements. Affected neonate was given treatment in the form of topical sertaconazole for 2 weeks after which the lesions resolved. After 2 months follow up, no recurrence was seen. **Conclusion:** Always when in doubt, examination of the paramedical staff, doctors and family members handling the baby can give a clue to the diagnosis.

Keywords: Dermatophytosis, Neonatal tinea, tinea corporis, tinea cruris

1. Case Presentation

A 15-day-old preterm female neonate was examined in the neonatal intensive care unit. Physical examination revealed present of a few, well-defined, scaly plaques on the right cheek (Figure 1). There were no lesions noted elsewhere on the body. The rest of the examination was normal. The hair and nails were spared. The neonate was born out of a nonconsanguineous marriage. There were no other systemic complaints. There was history of sticking application present prior to the onset of lesions. So initially we thought of it as irritant contact dermatitis due to sticking application, antiseptics or the tubing. The other differentials which we had in mind were tinea facei and seborrheic dermatitis.

Interestingly, on examining the father of the neonate, tinea corporis and cruris was noted (Figure 2). Other family members and caretakers handling the baby were also examined but no similar lesions were found in them.

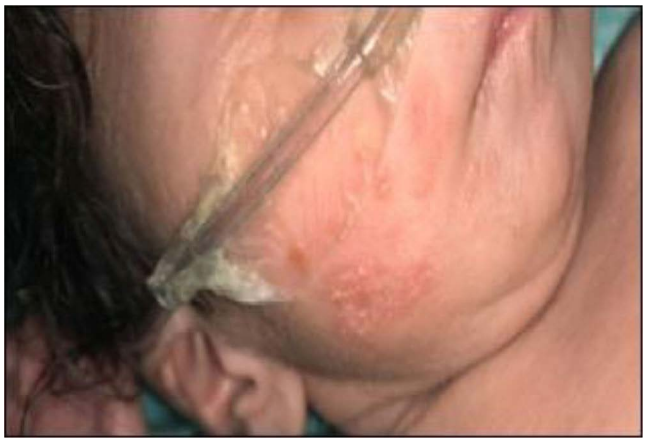

Figure 1. Few, well-defined, scaly plaques on the right cheek of the neonate.

So we did a 10% KOH examination of the scales from right cheek of the neonate which revealed the presence of fungal elements (Figure 3). Fungal culture was not done.

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Other routine hematological investigations were within normal limits.

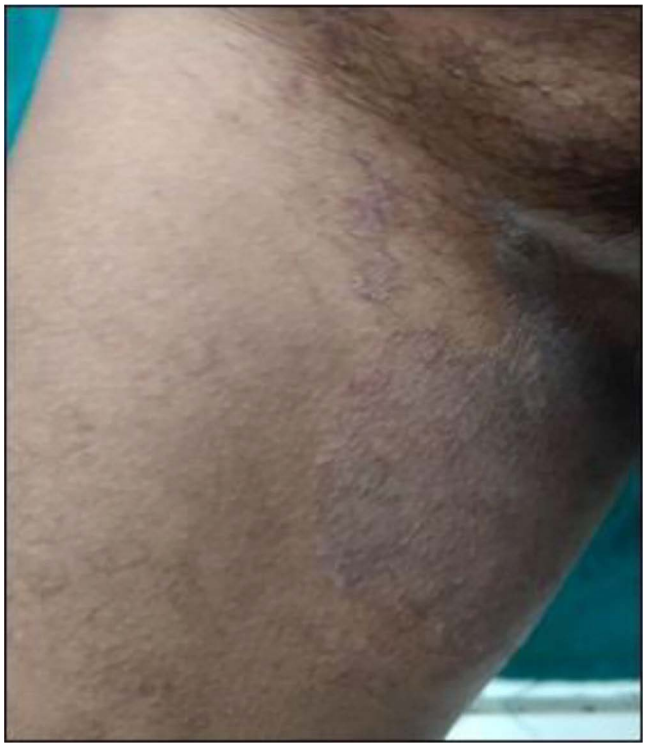

Figure 2. Tinea corporis and cruris in the father.

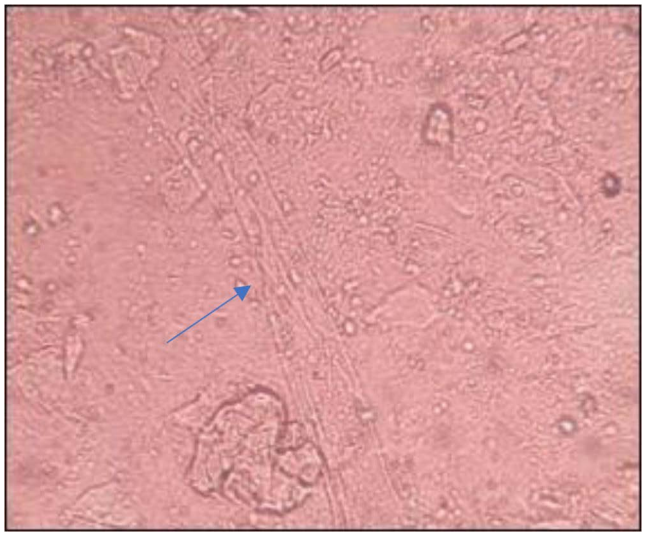

Figure 3. KOH examination revealed the presence of fungal elements.

The neonate was treated with topical 2% sertaconazole cream which was applied twice daily. Oral treatment was not given as the area of involvement was quite small. The lesions completely resolved within 2 weeks. The father of the neonate was also given appropriate oral and topical therapy.

2. Discussion

Although dermatophytic infections are seen in children, it is quite unusual to find these infections in the neonatal age group[1]. Therefore, it is rare to encounter cases of neonatal tinea in the dermatology clinics[2]. One of the reasons could be due to the high rates of sebum secretion in neonates[3]. So far, few cases of localised tinea in the neonates have been reported in the literature[4,5]. In our case the possible source of infection can be the father who repeatedly handles the neonate. The lesions resolved completely on application of 2% sertaconazole.

This case was presented to highlight the importance of examination of paramedical staff, residents and family members handling the baby in such cases. Examination can give a clue to diagnosis and appropriate treatment can be started both for the neonate and affected person handling the baby.

3. References

1. Metkar A, Joshi A, Vishalakshi V, Miskeen AK, Torsekar RG. Extensive neonatal dermatophytoses. Pediatric dermatology. Mar 2010; 27(2): 189–91. https://doi.org/10.1111/j.1525-1470.2009.00941.x
2. Khare A, Gupta L, Mittal A, Kuldeep C, Goyal A. Neonatal tinea corporis. Indian journal of dermatology. 1 Apr 2010; 55(2): 201. https://doi.org/10.4103/0019-5154.62741
3. Atherton DJ. The Neonate. 5th ed. Textbook of Dermatology. In: Champion RH, Burton J, Ebling FJ, editors. Oxford: Blackwell Scientific Publications; 1992. p. 383–4.
4. Singhi MK, Gupta LK, Ghiya BC *et al.* Ringworm of the scalp in a 5-day-old neonate. Indian J Dermatol Venereol Leprol. 2004; 70: 116–117.
5. Bansal NK, Sharma M, Gupta LK *et al.* Tinea corporis in neonate due to Trichophyton violaceum. Indian J Dermatol Venereol Leprol. 1995; 61: 247.

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