"Help my gruesome groin!"

Benjamin Barankin, MD

A 55-year-old Caucasian male presents with dull erythematous to violaceous wrinkled plaques on his groin. He originally presented with a red groin rash and was given a clotrimazole and betamethasone dipropionate cream. He used this cream for eight months and it seemed to help more than topical loprox or oral terbinafine. Once he stopped using the cream, the area itched and burned, disturbing his sleep.

He is overweight, but otherwise healthy, and has no previous history of skin problems. He takes the occasional acetaminophen for achy joints. He is concerned about the appearance of his groin and wonders whether his rash will ever clear.

1. What is the most likely diagnosis?

a) Inverse psoriasis
b) Intertrigo
c) Seborrheic dermatitis
d) Candidiasis
e) Steroid-induced atrophy and dependence

2. What is the concern with this rash?

a) Cosmetic
b) Potential for ulceration
c) The rash will persist if the patient continues clotrimazole and betamethasone
d) Increased risk of other local infections
e) All of the above

3. How would you manage this patient?

a) Discontinue clotrimazole and betamethasone
b) Treat the irritation with topical tacrolimus or pimecrolimus
c) Combination zinc oxide and nystatin in a paste
d) Scraping of groin to verify any remaining presence of candida
e) All of the above

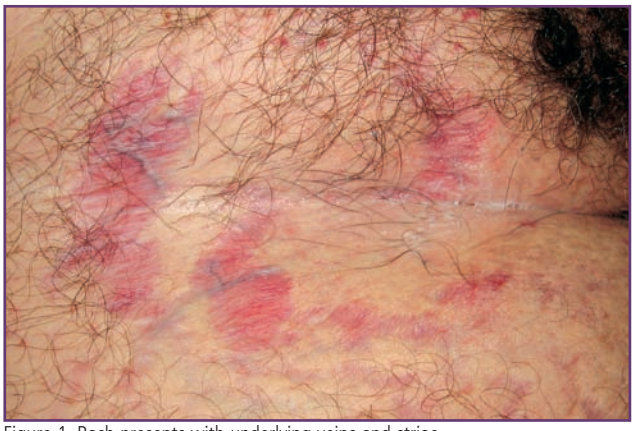

Figure 1. Rash presents with underlying veins and striae.

The chronic use of a potent topical steroid (e.g., betamethasone dipropionate; class III steroid) on the face or in the folds (i.e., axillae, groin) will result in atrophy of the epidermis and dermis. The skin becomes lax and wrinkled. Underlying veins (Figure 1) and telangiectases become prominent. Striae, or stretch marks (Figure 1), can result and are considered permanent and irreversible. Once the steroid is discontinued, the area will slowly thicken and improve, but this can take many months. There is also increased risk of local infection as the local immune system is suppressed.

Patients may be weaned off a potent topical steroid with a mild corticosteroid or with a topical immunomodulator, such as tacrolimus or pimecrolimus. Dx

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Answers: 1-e ; 2-e ; 3-e