## Case in Point

## Finger-Web Plaque

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A44-year-old male mechanic presents with a white plaque, which has been present for two years, in the web space between his third and fourth fingers (Figure 1). He explains that the area is occasionally painful and pruritic. He has tried various salves, including over the counter cortisone and antibiotics, as recommended by the pharmacist. He is otherwise healthy, taking no medications and has no drug allergies. He has a family history of heart disease and colon cancer.

1. What is the most likely diagnosis?
a) Inverse psoriasis
b) Erosio interdigitalis blastomycetica
c) Irritant contact dermatitis
d) Chronic eczema
e) Erythrasma
2. What are some risk factors for this condition?
a) Family history
b) Animal exposure
c) Diabetes
d) Use of topical steroids
e) c \& d

## 3. How could you treat this rash?

a) Treatment is not necessary since it is self-limited
b) Topical antifungals
c) Moderate potency topical steroids
d) Oral antibiotic
e) Topical imiquimod
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Figure 1. Patient presents with a white plaque in the finger-web area.

This patient has intertrigo, which typically presents with erythema, cracking and maceration, with symptoms of soreness and pruritus. When web spaces are involved, a seft white skin appearance is termed erosio interdigitalis blastomycetica.
${ }^{0}$ This form of candidiasis is usually seen in the third web space, between the middle and ring fingers; the toes areaffected less often. Chronic maceration is the primafy facter that makes "wet workers" susceptible. Moreover, ringsthelp retain moisture in the web space.

Diagnosis requires a high index of suspicion and, in some cases, fungal culture. Treatment consists of correcting or eliminating aggravating factors and using a topical antifungal preparation. $\mathrm{D}_{X}$

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