



Expanding, Red Plaque

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A 49-year-old male has a mildly pruritic, expanding, red plaque on his right cheek and neck. He has no history of skin problems and an old prescription for a mid-potency steroid does not seem to help.

1. What is the most likely diagnosis?

- Perioral dermatitis
- Allergic contact dermatitis
- Tinea faciei
- Granuloma annulare
- Discoid lupus erythematosus

2. What is the most common cause for this lesion in North America?

- Trichophyton mentagrophytes*
- Malassezia furfur*
- Pseudomonas aeruginosa*
- Trichophyton tonsurans*
- Staphylococcus aureus*

3. How could you manage this lesion?

- Oral antifungal
- Topical antifungal
- Cryotherapy
- Ultrapotent topical steroids
- a and b

Tinea faciei is a superficial fungal infection of the face caused by dermatophytes which feed on the top layer of skin, keratin. It can affect any age and there is no gender difference in frequency. *Trichophyton tonsurans* is the most common cause of tinea faciei. The infection can come from pets or from other humans. Most



Figure 1. A mildly pruritic, expanding, red plaque on the right cheek and neck.

importantly, tinea faciei may signal dermatophyte infection elsewhere, such as tinea pedis, tinea cruris and/or onychomycosis, so other areas must be checked. Typically, one observes erythematous annular plaques with slight surface scale and some pruritus.

Direct microscopy using 10% potassium hydroxide and culture can be useful in confirming the diagnosis. Histologic examination may be required in difficult cases. Topical antifungals, especially ciclopirox olamine or terbinafine, are the treatment of choice. In more chronic cases or where a fungal folliculitis may be present (e.g., topical steroids for some time), oral antifungals may be required.

Dx

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

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