

An 80-year-old man with erythema, scales and pustules on the left ear auricle

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DESCRIPTION

An 80-year-old man presented with erythema, scales and some yellow pustules on his left ear auricle (figure 1), most prominent on his helix (figure 2). His symptom was itchiness with no discharge. The patient was a farmer. He mentioned that these lesions began 3 months ago. He had a history of seborrheic keratosis on his ear auricle

that was excised by a physician 10 days before the start of the lesions. No other skin involvement was found. A Gram stain and a potassium hydroxide (KOH) smear were performed and mycelium and arthrospore of dermatophyte were seen in KOH test.



Figure 1 Erythema, scales and pustules on the auricle.



Figure 2 Erythema and yellowish pustules on the helix.

Learning points

- ▶ The most common site of dermatophytosis in adults is the foot (tinea pedis) and in children is the scalp (tinea capitis). Other common sites in adults include groins (tinea cruris), body (tinea corporis) and nails (tinea unguium). Dermatophytosis of the helix is an unusual presentation.
- ▶ The incidence of ear dermatophytosis may be increased and its diagnosis is difficult without the potassium hydroxide (KOH) test. In a prospective clinical study about one-third of 54 patients who complained of slight itching or accumulation of cerumen and/or had erythema and scales in the ears, dermatophytosis was diagnosed by KOH test.¹
- ▶ In a series of seven patients with dermatophytosis of the external auditory meatus, six patients were associated with tinea of other sites. Tinea pedis and tinea unguium were more common than tinea cruris and manum.² Our case had no tinea elsewhere and maybe dermatophytosis was superimposed on the excision site of the previous seborrheic keratosis.
- ▶ We recommend that KOH test should be considered in each patient reporting of itching, scaling or erythema of the ear.

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Competing interests None.

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