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

Shahin Hamzelou,1 Masood Jafari,1 Elahe Aminizadeh,1 Seyyed Farshad Allameh2

1Department of Dermatology, Tehran University of Medical Sciences, Tehran, Islamic Republic of Iran
2Department of Internal Medicine, Emam Khomeini Hospital, Tehran, Islamic Republic of Iran

Correspondence to Dr Seyyed Farshad Allameh, farshad125@yahoo.com

Accepted 3 February 2014

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.

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.

Contributors SH was involved in the patient care. EA and SH wrote the main draft of the manuscript. MJ and SFA provided the pictures and completed the article.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES
