

Successful therapy of tinea cruris with topical isoconazole in combination with a corticosteroid

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Background

Tinea cruris is a common superficial fungal infection of the skin and it affects approximately 7–15% of all patients attending dermatology clinics in Turkey.^{1,2} This case is a fairly typical patient that responded well to topical treatment with a combined anti-fungal and corticosteroid cream.

Case report

Patient history

In March 2007, a 21-year-old male student presented to our clinic with erythema and scaling on the left inguinal region, which had spread slowly to the inner aspect of the upper thigh over the course of several weeks. He had received no prior treatment for this complaint. He denied having any contact with cats or dogs.

Dermatological findings

At the time of presentation, the affected area on the left inguinal region and inner aspect of the upper thigh measured 5–7 cm. The affected area was observed as a sharply demarcated plaque with noticeable inflammation and wet appearance (Fig. 1).

Investigation and diagnosis

A skin scraping was mixed with 10% potassium hydroxide. On microscopy, the presence of hyphae confirmed the diagnosis of tinea cruris.

Treatment and outcome

Topical therapy with isoconazole nitrate plus diflucortolone valerate cream (Travocort®; Intendis, Berlin, Germany) was prescribed; the cream was applied thinly to the affected areas of the skin twice daily. The patient was also advised about personal hygiene with regards to the infected area.

Within 1 week of treatment with the topical anti-fungal therapy there was a rapid reduction in pruritus and weeping of the infected area. The rash became pale,



Figure 1 Tinea cruris before treatment.

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Figure 2 (a,b) Effect of (a) 1 week and (b) 2 weeks of treatment with isoconazole nitrate plus diflucortolone valerate.

smaller in size and the degree of skin scaling was diminished (Fig. 2).

Mycological follow-up 2 weeks later showed no evidence of fungal hyphae and treatment was discontinued (Fig. 2). There was no need for further treatment. No side effects of treatment were reported.

Conclusion

The patient in this case had dermatomycosis with inflammation so treatment with combination therapy had the advantage of addressing the symptoms and the underlying cause simultaneously such that the symptoms rapidly resolved. This case demonstrates that a topical preparation containing an imidazole (isoconazole nitrate) combined with a corticosteroid (diflucortolone valerate) is a most effective means of treating patients with inflamed tinea.

Conflict of interest

All authors declare no conflict of interests.

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