# Tinea corporis treated with a combined topical therapy containing isoconazole and a corticosteroid

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**Key words:** Tinea corporis, isoconazole, corticosteroid

## Background

*Trichophyton* species are the most common cause of tinea in South Africa. A study performed in children living in Kwa-Zulu/Natal, the most populous province in South Africa, showed that 90% of cases of tinea capitis were due to *T. violaceum*.[1] The 1000 children included in this trial were aged from 1 to 11 years, were from a poor socio-economic background and were of African descent.

## Case report

### Patient history

A 10-year-old girl presented with a pruritic, erythematous skin lesion on her back, which spontaneously appeared 3 years ago. She had been treated previously with a variety of emollients and medications, including hydrocortisone and clotrimazole preparations.

The patient was otherwise healthy and of normal height and weight for her age. She did not have regular contact with animals at home and attended a public school in Gauteng, a province in South Africa, which has a socio-economically diverse population.

### Dermatological findings

The skin lesion was located in the midline of the patient's back above the L1 vertebra. It was approximately 2 cm × 2 cm in size and markedly red and inflamed, with apparent scaling (Fig. 1).

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### Investigation and diagnosis

A diagnosis of tinea corporis was made, no specific mycological investigations were undertaken.

### Treatment and outcome

Twice-daily application of isoconazole plus corticosteroid cream (Travocort®; Intendis, Berlin, Germany) was prescribed. Improvement was noticeable within 7 days of starting this treatment, and the patient reported that she no longer suffered from pruritus after 4 days. The lesion was barely visible upon close inspection and was no longer white or inflamed (Fig. 2a).

At a follow-up another 7 days later, the patient noted that she was not sure where to apply the cream to and that she was pleased with the results. No inflammation, reddening or scaling of the area was apparent (Fig. 2b).

Throughout the 2 weeks of treatment, the patient experienced no adverse effects nor any allergic reactions to the cream.

**Figure 1** Erythematous, scaling skin lesion found at presentation.

 

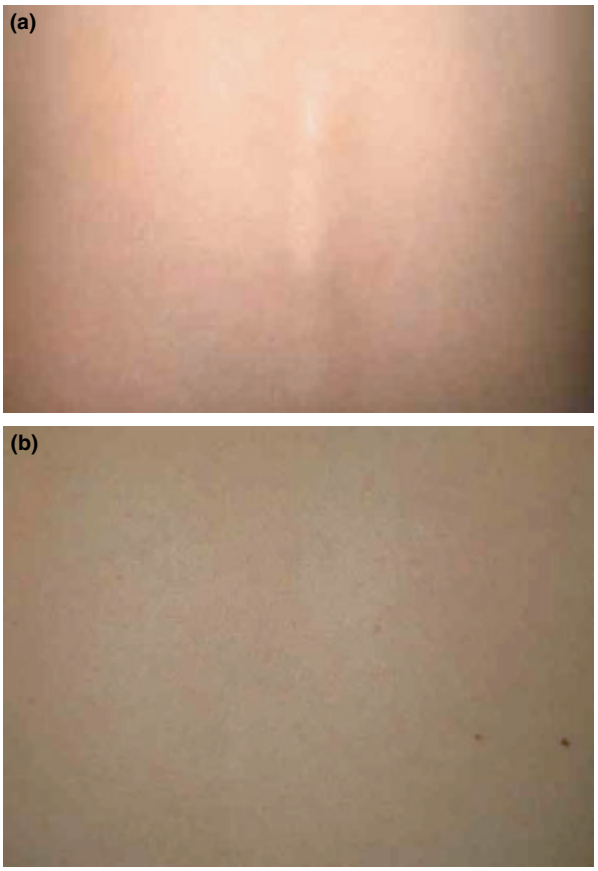


**Figure 2** Effect of (a) 1 week's and (b) 2 weeks' treatment with isoconazole/diflucortolone cream.

## Conclusion

This patient is a young healthy girl who did not swim in a swimsuit due to a lesion on her back that no medicine seemed to cure or suppress. This patient's skin lesion had been unsuccessfully treated using a variety of single-agent antifungal and corticosteroid preparations. The use of a combined antifungal and corticosteroid product provided rapid relief from pruritus and inflammation and cleared the infection that the girl had lived with for 3 years in just 2 weeks. Now she can swim again without feeling self-conscious.

## Conflict of interest

The author has no conflict of interest.

## Reference

1 Morar N, Dlova NC, Gupta AK, Aboobaker J. Tinea capitis in Kwa-Zulu Natal, South Africa. *Paediatr Dermatol* 2004; **21**: 444–7.