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Letter

Bilateral and symmetrical tinea mammae

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Abstract

Tinea corporis has rarely been reported in some locations such as on the breast skin as unilaterally. Herein, we present a case of bilateral tinea mammae, which has not been reported before in English language literature to our knowledge.

Case synopsis

We present a 17-year-old girl with bilateral pruritic rash on the breast skin with three weeks duration. Dermatologic examination revealed bilateral, symmetrical, slightly scaly, annular erythematous lesions with active borders (Figure 1). The patient was otherwise healthy. Her grandmother had died from breast cancer. She consulted a general surgeon before and no evidence for breast cancer, such as retraction, hemorrhage, secretion, lymphadenopathy, or mass was found. Breast ultrasonography was normal.



Figure 1. Annular, scaly symmetrical eruption.

We performed a KOH examination, which was positive for hyphae. Wood's lamp examination showed no abnormality. Lesions disappeared with oral terbinafine treatment 250 mg/day within 2 weeks (Figure 2).



Figure 2. Improvement after oral terbinafine treatment.

Discussion

Tinea corporis has rarely been reported in some locations such as on the breast skin as unilaterally [1,2]. Bilateral pityriasis versicolor on the periareolar region has been reported before [3,4]. Because the upper body is a common location for pityriasis versicolor, breast skin involvement might be more likely for this location. However, it is more difficult to explain possible causes of a bilateral symmetrical tinea infection on the breast area. Reported unilateral tinea mammae cases had onychomycosis [1,2]. Our patient had no onychomycosis or other dermatophyte infection on dermatologic examination. The only possible explanation might be use of a contaminated bra for our case.

The lack of the fungal culture could be considered as a limitation. Although clinical findings were highly suggestive, positive result of KOH examination and good response to systemic terbinafine treatment confirmed the diagnosis.

In conclusion, tinea corporis may occur on the breast skin, even bilaterally. Although it is difficult to explain the source of infection, tinea mammae should be considered in the differential diagnosis of eruptions confined to the breast skin.

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