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# Trichomycosis axillaris dermoscopy

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## Abstract

Trichomycosis axillaris is a common but underdiagnosed condition of the skin. The dermoscopic image of this disease is not previously described in the scientific literature. We believe that dermoscopy is a convenient and interesting diagnostic method that may aid in the diagnosis.

*Keywords: trichomycosis, dermoscopy, Corynebacterium*

## Introduction

Trichomycosis is an uncommon condition produced by Corynebacterium tenuis. Although infection of the armpit is the most common form, other hairy areas like the scrotum or scalp may be infected.

## Clínical case

A 24-year-old man, came to the clinic on account of a malodorous, expanding, dirty-appearing, yellowish pigmentation of hair over his left axillae of one month duration. He complained of itching and discomfort. Local intense hygiene did not improve underarm odor.

Wood's light was used and showed soft yellowish-green fluorescent areas (**Figure 1**). Culture in bacterial media of affected hairs, showed growth of Corynebacterium tenuis and Sabureaud agar culture was negative.

The dermoscopic evaluation using non-contact polarized light dermoscopy showed sheaths around the hair with cotton structures (**Figure 2**).

After the diagnosis of trichomycosis axillaris, satisfactory treatment included hair removal and topical clindamycin.

## Conclusions

Trichomycosis is an uncommon condition produced by Corynebacterium (C. tenuis, C. propinquum, [1]) or Serratia marcescens [2]. This condition is often associated with poor hygiene, obesity, and hyperhidrosis [3]. Although it usually affects the armpit, other hairy areas such as the scrotum or

**Figure 1.** *Fluorescence with Wood's light was soft yellowish-green.*

**Figure 2.** *Dermoscopy (Dermlite DL3®): Dermoscopic image of white-yellowish concretions on the hair shafts.*

scalp have also been reported to be involved. The condition is characterized by white or yellowish, and less commonly, red or black material on the hair. The material contains an extremely high number of bacteria [3]. Although culture or API-Coryne system (API Coryne is a standardized system for the identification of coryneform bacteria in 24 hours, which uses miniaturized tests and a specially adapted database) are the gold standard diagnosis tests, typical yellowish- green fluorescent areas can often be appreciated under Wood's light (that does not occur in the cases of Serratia [2]). Cottony structures around the hair observed by dermoscopy is very useful in making the diagnosis [4].

Topical clindamycin or erythromycin are the most common treatments, and would also treat erythrasma that is sometimes associated [5].

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