Images in Clinical Practice

Tinea Capitis

A 6-year-old boy presented with a 2-month history of two itchy, progressively increasing areas of hair loss on the scalp. On examination the child had two circular patches of partial alopecia; of the hair which were present on the patches, many were dull and short *(Fig. 1).* The hair from the lesion were easily pluckable without causing any pain. There was fine scalng restricted sharply to the lesion. On examining the plucked hair under the microscope using 10% potassium hydroxide, characteristic hyphae and spores were seen. This type of tinea capitis needs to be differentiated from inflammatory tinea capitis kerion, which presents as a painful boggy inflam-

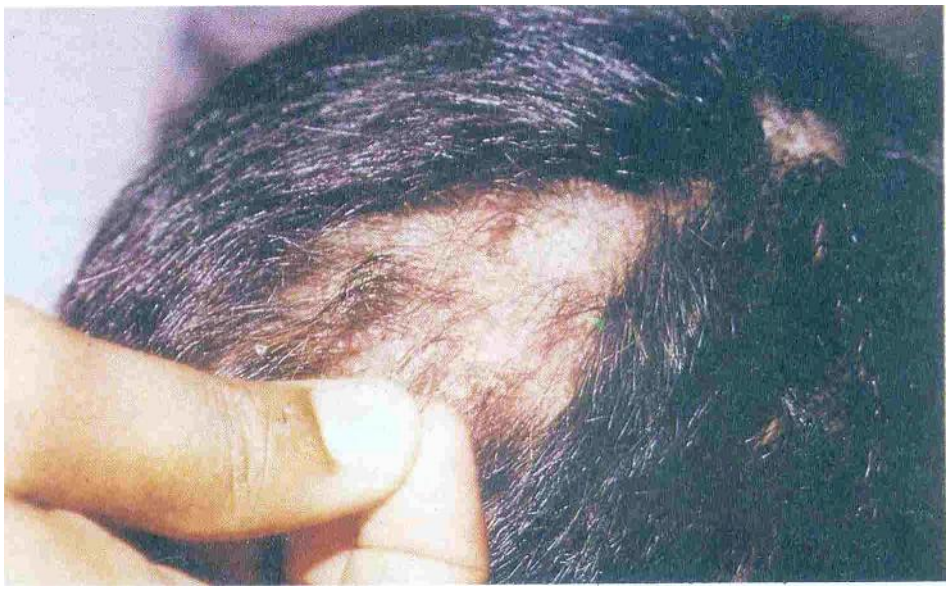

Fig.1 . Patch of partial alopecia on the scalp with scaling. Note the easy pluckability of the hair

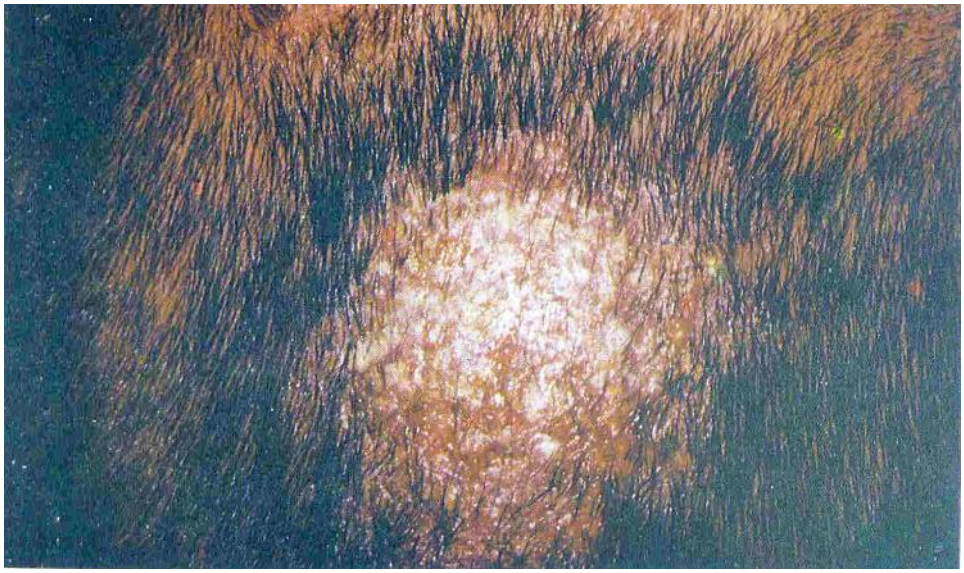

Fig.2 . B oggy inflammatory swelli ng on the scalp w ith follicular pustules

matory mass *(Fig.* 2); the hairs on the mass are easily pluckab le and the follicles may be seen discharging pus. Lympha-denopathy is frequent. Treatment of both types of tinea capitis is with oral griseofulvin (10 mg/kg) body weight, giv-en for 4-6 weeks. In kerion concomitant an-tibiotics occasionally need to be given.

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