

## IMAGE

### Tinea Faciei Incognito

An 11-year-old boy without any medical history was seen by a general practitioner for inflammatory lesions of the left eyelid, and treated as eczema with topical corticosteroids (betamethasone) for last one month. Dermatological examination revealed a squamous and erythematous lesions strewn with papules and pustules, localized to the left upper and lower eyelids, with an extension to the periorbital region and forehead (**Fig. 1**). Mycological examination revealed hyphae, with *Microsporum canis* species identified on culture on Sabouraud's medium. We diagnosed Tinea faciei incognito was due to *Microsporum canis*, and triggered by the local application of corticosteroids. The organism was most likely transmitted to the patient from his cat. The patient was advised twice daily applications of ketoconazole cream for 3 weeks, with which the lesion resolved completely, and mycological examination was negative.

Tinea faciei incognito is often difficult to diagnose because of the modification of the usual aspect of the dermatophytosis by the topical corticosteroids. The differential diagnoses for lesion at this site include contact dermatitis (very itchy, and its elementary lesion is



**FIG. 1** Pustular erythematous lesion of the upper and lower left eyelids in Tinea facia incognito.

a vesicle) and blepharitis due to Demodex mites (rosacea-like dermatitis, folliculitis, and blepharitis). The presence of satellite pustules and microscopic examination facilitates the diagnosis of Tinea faciei.

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## BOOK REVIEW



### **SAT Treatment Guidelines for Sick Children (5th Edition)**

**A Santhosh Kumar**  
Paras Medical Publisher,  
Hyderabad, India.  
Pages: 487; Price: 495/-.

This book contains 14 sections and about 160 chapters contributed by eminent writers. This book briefly covers various aspects of pediatric subspecialties including neonatology and common tropical infections. There is a separate section on various pediatric procedures including procedural sedation and analgesia.

The first section starts with identification and management of critical care issues including management of a sick child with severe acute malnutrition. The various chapters are supported by ample flow diagrams and relevant tables. This book involves less of theory and focuses more on management of common practical problem in a sick child. The last section of the book has a variety of useful annexures.

This handy book would definitely serves as a ready reckoner for postgraduate students and busy clinicians.

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