

# Ring Around the ... Footsie?

**W**earing shoes became difficult and painful when a lesion manifested on this 56-year-old woman's foot, about 19 years ago. But the idea of removal scared her more than the lesion did, so she left it alone (aside from unsuccessful OTC treatment attempts) until a friend finally convinced her that it needed to be removed.

The patient looks at least 15 years older than her stated age and coughs throughout the examination. She denies any history of similar lesions and at first denies any serious health problems. On further questioning, however, she admits to having COPD, diabetes, a 30-pack-year history of smoking, and severe atopy.

A 4-cm floriform, warty plaque is seen on the dorsum of her left foot. Its surface is quite rough and firm but nontender. The lesion is obviously a wart, albeit one of huge size and odd morphology.

In addition, a flaky red rash is seen around the entire rim of the foot; the patient says it itches little if at all. The great toenail is dystrophic and yellowed. No such changes are seen on the other foot, which has good pulses.

**What is the red scaly rash around the rim of the foot?**

- a) Psoriasis
- b) Yeast infection
- c) Contact dermatitis
- d) Moccasin-variety tinea pedis

## ANSWER

The correct answer is moccasin-variety tinea pedis (choice "d").

## DISCUSSION

Of the three types of tinea pedis, the most common is the interdigital form, which usu-



ally develops between the fourth and fifth toes. The second most common type is the moccasin variety. The same dermatophyte genus, *Trichophyton*, causes both types (as well as jock itch).

Moccasin-variety tinea pedis affects the rim of the foot; it is unclear why it takes this form. It generally causes little in the way of symptoms, and as a result, treatment is not offered in many cases. A cure is simply unlikely, but control is possible with topical imidazole creams and (possibly) a change in footwear.

It is fair to ask why this patient would have two kinds of infection in one foot and not the other. But this is not at all unheard of. In similar cases, immune suppression may be involved; in this case, the duration (19 years) and unilateral involvement negate that possibility.

The patient was scheduled for surgical removal of the wart. Due to the age and size of the lesion, the sample will be sent to pathology, since the causative human papillomavirus can be oncogenic (eg, squamous cell carcinoma).



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