

## What Is Your Diagnosis?



A 63-year-old woman presented with an asymptomatic pigmented lesion that was enlarging on the instep of her right foot. Biopsy revealed pigmented septate hyphae within the keratinized layer of the skin.

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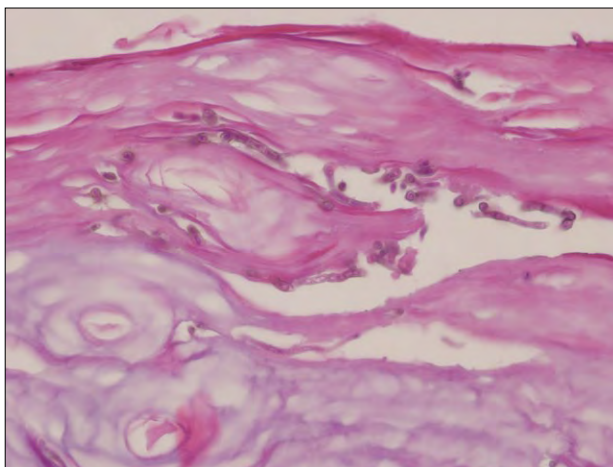
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The authors report no conflict of interest.

## The Diagnosis: Tinea Nigra

Synonyms of tinea nigra include keratomycosis nigricans, cladosporiosis epidemica, pityriasis nigra, and microsporosis nigra.<sup>1</sup> Tinea nigra is caused by infection of the stratum corneum with the lipophilic dematiaceous fungus *Hortaea* (formerly *Exophiala*) *werneckii*. Infection with other dematiaceous fungi such as *Stenella araguata* can create a similar clinical picture. Exposure to organisms within soil, sewage, or compost can lead to an infection of the stratum corneum 2 to 7 weeks later.<sup>2</sup> Lesions are painless, flat, sharply circumscribed, and lack scale (Figure 1).<sup>1</sup> Females are affected more often than males. Infection is most common in individuals residing in tropical and coastal areas; with widespread travel, infection has been reported in most areas. More than one lesion may be present; when multiple lesions



**Figure 1.** An asymmetrical pigmented lesion with an irregular border on the instep of the right foot.



**Figure 2.** Pigmented septate hyphae within the keratinized layer of the skin (H&E, original magnification  $\times 40$ ).

are noted, different species may be involved.<sup>3</sup> The deposition of a melaninlike compound leads to the development of irregular pigmentation. Examination with a dermatoscope can allow for diagnosis.<sup>4</sup> Examination of skin scrapings subject to potassium hydroxide solution 20% reveals deeply pigmented and branching hyphae. Culture on Sabouraud agar incubated at 25°C yields an olive to green-black mucoid yeastlike colony. Biopsy reveals deeply pigmented hyphae within the stratum corneum on routine hematoxylin and eosin-stained sections (Figure 2). No notable inflammatory response is evident. Treatment with topical imidazole antifungal agents is curative. Terbinafine hydrochloride cream 1%, ciclopirox gel, and ketoconazole cream are of value.<sup>5-7</sup> Rare reports of systemic involvement have been noted in the setting of acute myelocytic leukemia.<sup>8</sup> Isolates in these cases were resistant to amphotericin B and flucytosine. It is important for clinicians to be aware of the typical clinical presentation of tinea nigra so that extensive surgery can be avoided.<sup>9,10</sup>

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