

# Will the Real Tinea Please Stand Up . . .

These lesions appear to be “ringworm”—but only one will respond to antifungal treatment. Can you identify the mimics?

**Match the diagnosis to the photo by letter**

- a. Nummular eczema
- b. Tinea corporis
- c. Erythema annulare centrifugum
- d. Pityriasis rosea



**1.** The patient’s original lesion is dark brown, macular, and ovoid. An additional 15 to 20 oval, papulosquamous lesions are seen elsewhere on her trunk. These are widely scattered, hyperpigmented, and have scaly centers. The long axes of her oval back lesions are parallel with natural lines of cleavage in the skin.



**2.** A man has had an asymptomatic rash for several weeks. Prior to its appearance, he was diagnosed with strep throat and treated with amoxicillin. The rash is quite striking: brightly erythematous, with annular margins on which the skin is red. But just behind the advancing margin is a parallel band of scaling.



**3.** For two months, an 8-year-old girl has had a mildly tender and markedly pruritic rash on her right lower leg. Physical exam reveals concentric annular lesions on the affected leg. The central areas demonstrate a bruised appearance that does not resolve with diascopy.



**4.** For three months (since the long, cold winter), this man has had very itchy lesions on his legs that he often scratches vigorously. He is not atopic and has no new pets, but he does admit to being “addicted” to sitting in his new hot tub. Examination of the patient’s legs, particularly his calves, shows discrete and confluent round, scaly plaques of a striking reddish orange hue.

For the correct answers, go to [www.clinicianreviews.com/articles/picture-this.html](http://www.clinicianreviews.com/articles/picture-this.html).

Image courtesy of Robert Brodell, MD; reprinted from *The Journal of Family Practice* (2014;63:395-396).