

## TINEA NIGRA CONTRACTED IN SPAIN \*

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From a thesis by S.E.C. to get MS degree.

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### RESUMEN

*Se relata un caso de tinea nigra diagnosticado en Sao Paulo (Brasil) en una paciente española de 4 años de edad. Por sus características morfológicas el agente fue clasificado como Exophiala werneckii. De acuerdo con la revisión de la literatura europea, probablemente sea este el primer caso de tinea nigra de España comprobado micológicamente.*

Tinea nigra is a superficial, asymptomatic fungal infection characterized by brown-to-black nonscaly lesions.

Statistically there is a predominance of cases involving lesions on the left palm of teenage white females (16).

The first report of the disease is attributed to Manson, in 1872, in China. By consulting the original communications, Catellani (6) established that Manson's cases were not related to this mycosis, but to pityriasis versicolor.

The first authentic description of tinea nigra seems to have been made by Cerqueira, in 1891, in Bahia, Brazil. However he did not publish his observations (6). It was not until 1916 that these findings along with eight other cases were published by his son Cerqueira-Pinto (17).

Autochthonous tinea nigra is exceptionally rare in Europe. The disease is found primarily in tropical countries (17).

In the present report we describe a case of tinea nigra contracted in Spain and diagnosed in Sao Paulo (Brazil).

### CASE REPORT

M.P.G., a Spanish 4-year-old girl living in Brazil for 11 months showed in August 25, 1980 a pigment patch on her palm. The lesion had been detected two years before and had slowly increased in size.

### SUMMARY

*A case of tinea nigra in a 4-year-old Spanish girl was diagnosed in Brazil. Based on the morphological characteristics of our isolate, it was classified as Exophiala werneckii. It is probably the first report of tinea nigra from Spain with mycological confirmation according to a review of the European literature.*

Clinical examination revealed a dark brown macule with discrete borders without scales, on the left palm, measuring approximately 2 x 1,5 cm (Fig. 1).

The patient had lived in Spain and had not been out of her country before.

### Laboratory investigations

Microscopic examination of skin scrapings mounted in 10% KOH revealed numerous brownish, tortuous toruloid hyphae with dark septations (Fig. 2).

Materials from lesion inoculated on 2% Sabouraud's dextrose agar containing 500 mg cycloheximide, 50 mg chloramphenicol (BBL) incubated at room temperature produced after 7 days shiny, moist yeastlike greenish black colonies. After 15 days the growth turned less moist and developed abundant aerial mycelium (Fig. 3).

Slide cultures of the isolate in potato-dextrose-agar at room temperature showed abundant pale-brown one and two-celled annelloconidia. Dematiaceous hyphae with numerous septations were also observed.

Based on its characteristics the isolate was identified as *Exophiala werneckii*.

### DISCUSSION

A few cases of tinea nigra infection were reported from Europe but only one was of a patient infected while in European soil.

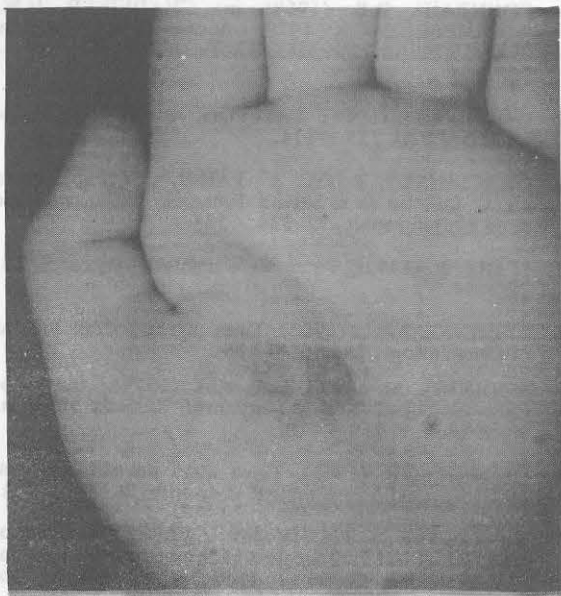


Figure 1  
Lesion present 2 years on the left palm, 4-year-old female.

In France, the mycosis has been studied in three cases imported from Africa (1,8,12). Avram et al. (2) reported an autochthonous tinea nigra case and discussed the peculiarities of the isolated organism. In Britain, the mycosis has been described in patients that had been in Malaysia (7), India (10), Africa (19), Caribbean islands (22) and South America (21). In Portugal, two cases of tinea nigra imported from India and from Africa were reported (4,5). In Germany, three cases of the mycosis, probably acquired in Africa (9,20) and Israel (13) were diagnosed.

In Spain the description of a clinical case (11) and the mycological results reported therein do not seem to confirm the diagnosis of tinea nigra.

In our observation the localization and aspect of the lesion and the laboratory diagnosis are characteristic of tinea nigra infection.

Our isolate showed in culture the typical aspects of *E. werneckii*.

In Venezuela another fungus is incriminated also as the agent of tinea nigra (3). Nevertheless *Stenella araguata* (= *Cladosporium castellanii*) (15) is quite different of *E. werneckii* for its macro-morphology and for its conidiogenous cells.

This observation is probably the first authentic tinea nigra case of Spain and the second one acquired in an European country.

Although the incubation period of tinea nigra caused by *E. werneckii* is approximately 2 to 7 weeks after inoculation (14,18) and our patient had lived for 11 months in Brazil before to have been examined for one of us (A.A.M.M.) we concluded that she did not acquire the infection in Brazil.

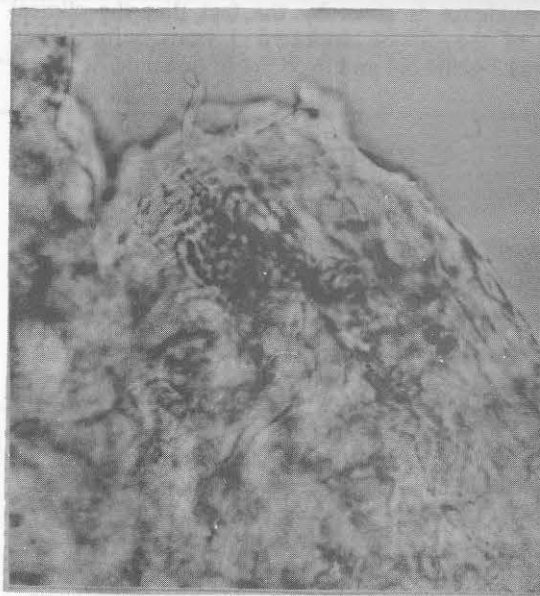


Figure 2  
Dark tortuous hyphae in skin scrapings mounted in potassium hydroxide (x 400).

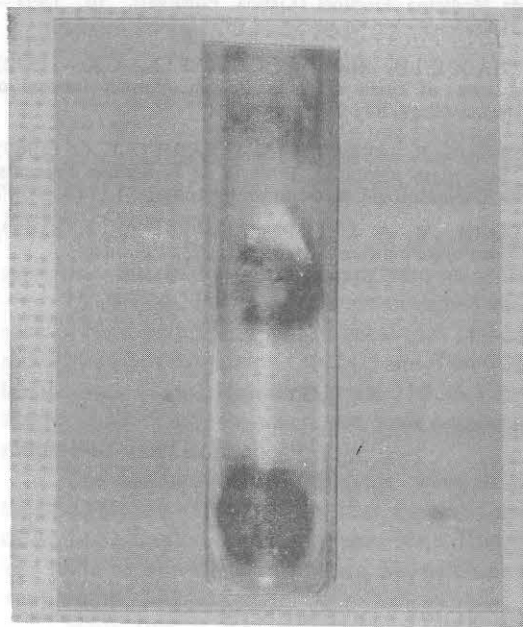


Figure 3  
Colonies of *Exophiala werneckii* on Mycosel agar (BBL), 15 days with grey aerial mycelium.

This evidence is given by the fact that the clinical signs of the disease appeared 2 years before when she was 2 years old and lived yet in Spain.

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## ACKNOWLEDGEMENTS

This work was supported in part by CNPq (Conselho Nacional de Pesquisas) and CAPES (Coordenação do Aperfeiçoamento de Pessoal de Nível Superior). We are grateful to Dr. Pereiro Miguens for his kindness to send us Gasso's report.