Trichoscopy of the eyelashes in tinea blepharo-ciliaris shows the full spectrum of tinea capitis features

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INTRODUCTION

Tinea capitis is a superficial infection of the scalp caused by dermatophytes that have predilection for hair shafts and follicles. Trichoscopy may be very helpful for a rapid diagnosis of tinea capitis, although it does not allow the identification of the responsible agent.[1] Typical trichoscopy features, which are determined by the fungal invasion of the hair shaft, are represented by "Morse code" hairs, bent or "comma hairs," corkscrew hairs, broken hairs, and black dots.[1,2]

The term *tinea blepharociliaris* refers to an uncommon dermatophytic infection involving the eyelid and the eyelashes.[3] Herein we describe the clinical and trichoscopic aspects in a case of tinea blepharociliaris in a child.

CASE REPORT

A 6-year-old boy presented with an 8-week history of an itchy rash of the left eye that was treated with topical antibiotics and corticosteroids, without improvement. No history of close contact with pets was reported. Clinical examination revealed the presence of a well-demarcated, roundish, ringlike, erythematous and desquamative patch involving the eyelid and the periocular area (Fig 1). On close observation, the upper eyelashes appeared broken at different levels. The result for dermoscopy of the eyelid was unspecific, showing the presence of erythema and fine scaling. Trichoscopic examination of the eyelashes revealed diffuse scaling, broken hairs, bent hairs, and Morse code hairs (Fig 2). The right eye was otherwise normal.

Based on unilaterality, ringlike appearance, resistance to previous treatment, and dermoscopic aspects, a fungal infection was suspected, and microscopic examination was positive for *Microsporum canis* infection. The final diagnosis was tinea blepharociliaris. The patient was treated with oral griseofulvin 150 mg/d, with complete clearing after 4 weeks.

DISCUSSION

A few cases of tinea blepharociliaris have been reported both in children and adults, caused by either *Microsporum* spp (*M gypseum, M canis,* and *M audouinii*) or *Trichophyton* spp (*T mentagrophytes, T verrucosum, T interdigitale,* and *T benhamiae*).[3]

Two previous reports have described the trichoscopic aspects of tinea of the eyelashes, consisting of broken hairs, black dots,[3] and corkscrew hairs,[4] all representing hair abnormalities caused by fungal invasion of the shaft. In our patient, we additionally observed other trichoscopic features, consisting of bent hairs and Morse code hairs (also known as "interrupted" hairs, the latter corresponding to empty bands likely related to localized areas of fungal infection).[1]

The identification in tinea of the eyelashes with trichoscopic findings previously described in tinea capitis[1] indicates that the 2 diseases share the same spectrum of trichoscopic features (Fig 3). Therefore, because the clinical manifestations of tinea blepharociliaris may be subtle, evaluation by trichoscopy of the eyelashes may be useful for the identification of diagnostic clues.

Our report confirms the importance of trichoscopy for a rapid, bedside diagnosis of tinea blepharociliaris, although the identification of the causative agent by fungal culture is recommended.

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Fig 1. Tinea blepharociliaris of the left eye in a 6-year-old boy: well-demarcated, roundish, ringlike erythematous and desquamative patch involving the eyelid and the periocular area.

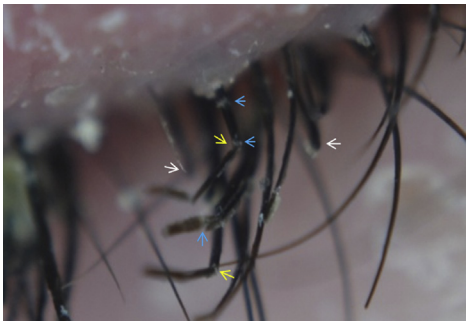

Fig 2. Trichoscopic examination of the eyelashes showing scaling, broken hairs (white arrows), bent hairs (yellow arrows), and Morse code hairs (blue arrows).

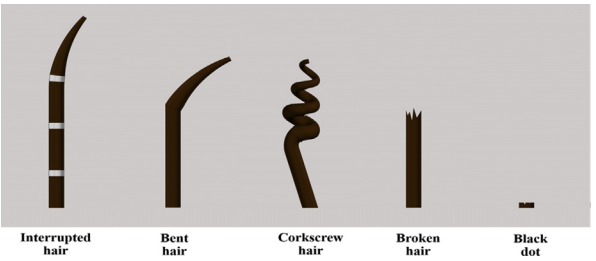

Fig 3. Trichoscopic features that may be observed in both tinea capitis and tinea of the eyelashes.

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