

Kerion, report of a missed case

Sir,

In recent years due to improvements in the health status of the population, the incidence of some diseases is reduced and medical practitioners and medical students rarely meet such cases. Therefore, in practice, the patients may be misdiagnosed and don't receive proper treatment and almost the wrong or late management may cause irreversible sequels.

We faced with an 11-year-old boy in Razi's Hospital (Qa'em Shahr City-North of Iran) [Figure 1] who he had a primary presenting scaly and pruritic plaque on his scalp since 2 weeks before that progressively changed to an ulcerated crusted, exudative, and painful erythematous plaque with palpable indurations. Otherwise, he was quite healthy without any underlying immunity disorder. The patient had contact with soil. He had received oral antibiotics (full dose of cephalexin and cloxacillin), without any improvement, our impression was kerion. In direct smear with KOH and endothrix hyphae within hair shaft was seen but because of surface contamination and saprophytes growth in culture laboratory could not report type of fungus. He was treated with oral terbinafine 125 mg/day for 4 weeks and completely cured [Figure 2]. Not any other drugs such as corticosteroid, antibiotics or anti histamines used. Kerion is a hypersensitivity reaction due to dermatophyte infection of the scalp (scalp ring worm) that characterized by an exudative painful mass lesion. Etiology of disease is a zoophilic fungi that species varies from geographic region.^[1] Boys less than 15 years old are more susceptible for this disease and in older age it is seen mostly in immune deficient patients.^[2,3] It may induce the scarring alopecia if untreated.

Although recently in modern world, kerion is infrequently seen, tinea capitis as a world-wide health problem needs careful clinical consideration, evaluation, and regional epidemiologic studies.^[1,2]

Tinea capitis kerion in any scalp lesion with crusted and infected lesions with lymphadenopathy are in the differential diagnosis list and physician should be suspicious to this disease and with clinical and mycological diagnosis treatment begin to prevent scarring alopecia.^[2]

Although griseofulvin is drug of choice, but Terbinafine because of shorter course of treatment and lesser side-effects than griseofulvin and fluconazole is better recommended.^[4-6]



Figure 1: Before treatment



Figures 2: After treatment

Neglected infectious diseases need more attention. Inadvertency and incuriosity to these types of disease may cause some irreversible problems for patients.

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