

Trichomycosis Axillaris In A Patient With Systemic Lupus Erythematosus

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A 33-year-old man who had a 14-year history of systemic lupus erythematosus (SLE) was referred to us with texture change of axillary hairs for 6 years. He had been receiving 10 mg daily of oral corticosteroids and mizoribine, but the patient had never been obese. Clinical examination revealed pale yellow concretions sticking to the hair shafts (Fig.1a, b) [1]. A *Corynebacterium* species was identified as reported previously [2]. We diagnosed the lesions as trichomycosis axillaris. It has been suggested that the bacteria produce a cement-like substance that adheres to the hair [3]. Predilection sites of trichomycosis axillaris are the axilla, pubic area, scrotum and intergluteal region [2]. The main factors contributing to the pathogenesis of trichomycosis axillaris include obesity, hyperhidrosis, poor local hygiene and a moist environment [4]. Since our patient did not have these typical causes, clinicians should pay attention to such rare infectious complications in patients with SLE receiving immunosuppressive therapies.

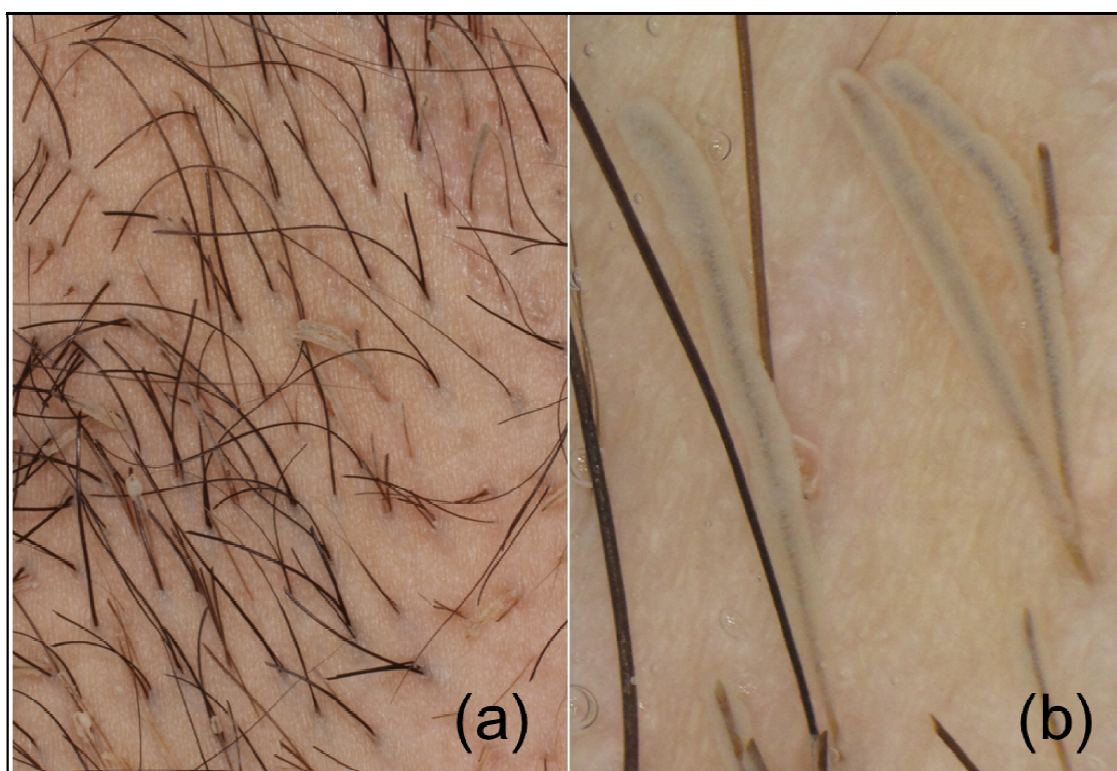


Figure. (a) Clinical appearance of axillary hair was a pale yellow color.
(b) Dermoscopy showed uniform pale yellow and creamy concretions attached to the hair shafts.

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References

1. Salim G Zahra MF (2014) Trichobacteriosis: contribution of dermoscopy. *Dermatol Online J* 20(9).
2. Bonifaz A, et al. (2013) Trichomycosis (trichobacteriosis): clinical and microbiological experience with 56 cases. *Int J Trichology* 5(1): 12-16.
3. Shelley WB, Miller MA (1984) Electron microscopy, histochemistry, and microbiology of bacterial adhesion in trichomycosis axillaris. *J Am Acad Dermatol* 10(6): 1005-1014.
4. Ma DL, Vano-Galvan S (2013) Images in clinical medicine. Trichomycosis axillaris. *N Engl J Med* 369(18): 1735.