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Erythrasma: A Bacterial Infection of the Skin

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CASE

An old aged female presented to our clinic with a long standing skin condition. On examination we found red colored patches and scaly macules on the skin face. (Panel A and B). We projected an ultraviolet A light on these areas and a mild red coral fluorescence was observed. (Panel C and D). Erythrasma is a superficial skin infection considered to be caused by a diptheroid member of the genus *Corynebacterium minutissimum* (1).



Figure1. Erythrasma

The disease begins as small, scaly macules varying in size with reddened border and a yellowish-brown to reddish-brown center, usually localized in the axillas, groins, intergluteal folds and other intertriginous areas (2). Involvements of the toe webs and a generalized form have been described. Coral red fluorescence of the entire patch or of the sectors can be demonstrated on examination with Wood's light. (1). This disorder is common amongst diabetic patients and in tropical areas, due to warm weather (3) Differential diagnosis should be made with Inguinal candidiasis, with a more brilliant surface involvement and exudative lesions with fissures along with small satellite lesions. Seborrheic dermatitis is another skin disorder which usually involves facial and scalp areas of the body (4). Management of Erythrasma includes oral macrolides among other topical treatments. We treated the patient with oral erythromycin (500 mg x 8 hours x 7 days) and partial clearance of the lesions was observed but relapsed one month after treatment cessation. We have lost contact with the patient after some time.

CONFLICTS OF INTEREST

The authors declare having no conflicts of interests.

INFORMED CONSENT

We obtained a verbal consent from the patient for Image taking for research and medical education purposes.

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