

## ■ Sun-430 ■

## A misdiagnosed case of tinea capitis as cellulitis of scalp

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Tinea capitis is a fungal infection of the scalp that most often presents with pruritic, scaling areas of hair loss. It is more common in pubertal populations, diagnosis and appropriate treatment are often delayed in elderly. We meet a case of tinea capitis in an older patient that was misdiagnosed as scalp cellulitis caused by seborrheic dermatitis or psoriasis vulgaris superimposed infection. A 95-years-old female residing in a nursing home visited the clinic for scalp pain and redness suspected inflammation. She was diagnosed with psoriasis vulgaris of the abdomen and scalp 6 years ago and being followed up by dermatologist. Three weeks ago the erythema and pain of the skin of the nape and scalp was developed and worsened three days before. Initial laboratory exam revealed elevated hs-CRP of 13.34 mg/dL, and the patient had fever upto 39 °C. Blood and wound culture was performed and ampicillin-sulbactam was started as an empirical antibiotic under suspicion of cellulitis of the scalp. 3 days later, Methicillin sensitive *Staphylococcus aureus* (MRSA) was identified in wound culture, then teicoplanin was added based on this result. In HD 15, we performed scalp biopsy to obtain appropriate specimens for culture and rule out the tumorous condition and 3 days later biopsy result showed active inflammation with microabscess. Despite the use of susceptible antibiotics for almost 3 weeks, the fever persisted and the scalp inflammation was not improved. In HD 21, fungus culture revealed the *Trichophyton mentagrophytes*, we started administering terbinafine 250mg once a day and planed to continue for 6 weeks. After 7days of medication, the scalp condition was significantly improved and the fever was subsided. Because it is difficult that early diagnosis for tinea capitis in older patient, it leads to delay in the initiation appropriate treatment. The systemic antifungal agents must be required for tinea capitis treatment because the topical agents cannot penetrate to infected hair follicles. We should suspect a diagnosis of tinea capitis and have to do fungus culture when we meet a patient with treatment failure of seborrheic dermatitis or psoriasis.

