



When Faced with the Eyebrows' Density Depletion within Children, do not Hesitate to use the Dermoscope

Ryme D*, Elloudi S, Baybay H, Douhi Z, Soughi M and Zahra Mernissi F

Department of Dermatology, University Hospital Hassan II, Morocco

*Corresponding author: Dr Dassouli ryme, Department of Dermatology, University Hospital Hassan II, Fes, Morocco, Tel: +212 626 79 41 19 ; Email: dassouliryeme@gmail.com

Image Article

Volume 7 Issue 2

Received Date: April 29, 2022

Published Date: May 19, 2022

DOI: 10.23880/cdoaj-16000272

Image Article

Tinea Capitis are frequent dermatophytes affecting mainly children. They are mainly found on the scalp, their localization on the eyebrows remains. Trichoscopy finds its place in the clinical diagnosis and follow-up of Tinea Capitis [1]. We demonstrate through an original case of trichophytic Tinea Capitis of the eyebrows the usefulness of trichoscopy in the diagnostic rectification.

This case concerns an 8-year-old child, followed for spinulosic psoriasis under topical dermocorticoids, in whom a rarefaction of the density of the head of the eyebrows was noticed during his routine consultation, which was mistakenly taken by the mother as being an eyebrow involvement of his psoriasis. Dermatological examination found partial depilation of the heads of both eyebrows without the presence of crusts or scales (Figure 1). The traction sign was positive. In addition, the patient did not report any functional signs, especially no itching. Trichoscopic examination revealed short broken hairs, corkscrew hairs, zigzag hairs, comma hairs and @ hairs (Figure 2). These different dermoscopic aspects made us evoke a Tinea Capitis of the eyebrows in the child. Mycological sampling confirmed the diagnosis with the presence of trichophyton. The child was treated with oral griseofulvin 20mg/Kg/day for 6 weeks with good improvement. In fact, the trichoscopic signs of Tinea Capitis have completely regressed (Figure 3).

The eyebrow location of Tinea Capitis seems to be exceptional, even in children, and can be confused with other hair diseases. Trichoscopy is a good tool for the clinical diagnosis of ringworm, helping the clinician to speed up the therapeutic management. Trichoscopy is considered positive when at least one specific sign is found on at least 2 hairs

[2]. Among those described in the literature are: comma hair, corkscrew hair, zigzag hair, morse hair, whitish sheath. Mycological confirmation is mandatory before starting an oral antimycotic treatment [2-3].

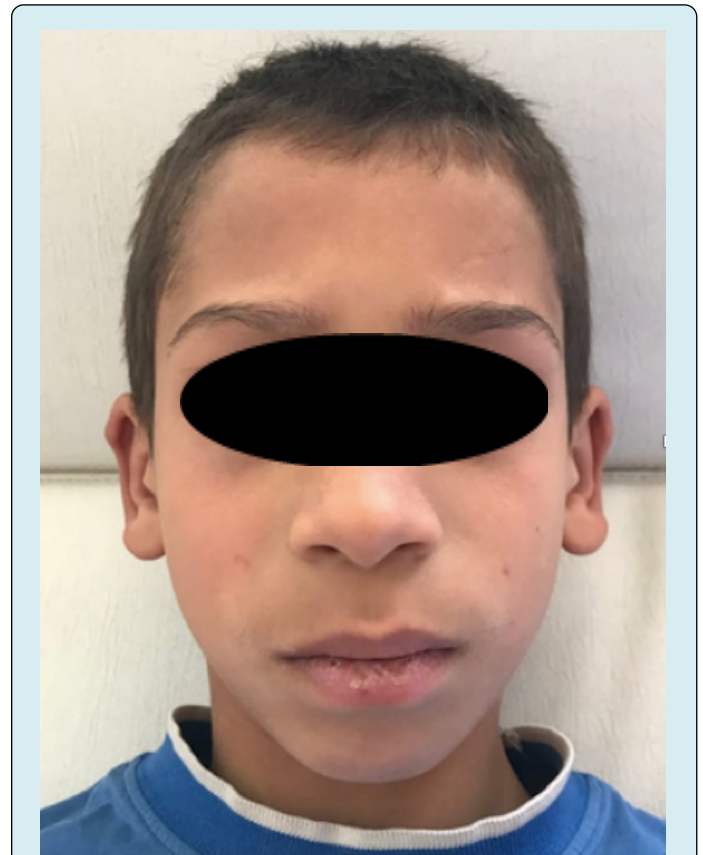


Figure 1: Image showing the rarefaction of the hair density on the head of the eyebrows.

not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

References

1. Waškiel-Burnat A, Rakowska A, Sikora M, Ciechanowicz P, Olszewska M, et al. (2020) Trichoscopy of Tinea Capitis: A Systematic Review. *Dermatol Ther (Heidelb)* 10(1): 43-52.
2. Dhaille F, Dillies AS, Dessirier F, Reygagne P, Diouf M, et al. (2019) A single typical trichoscopic feature is predictive of tinea capitis: a prospective multicentre study. *Br J Dermatol* 181(5): 1046-1051.
3. Dhaille F, Dillies AS, Dessirier F, Reygagne P, Lombart F, et al. (2018) Évaluation de la trichoscopie dans le diagnostic de teigne, étude prospective multicentrique sur 2 ans, à propos de 100 patients. *Annales de Dermatologie et de Vénérologie* 14(20): S80-S81.



Figure 2: Trichoscopic images showing short broken hairs, corkscrew hairs, zigzag hairs, comma hairs and @ hairs.



Figure 3: Figure showing the regression of trichoscopic signes of Tinea Capitis.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki. The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will

