A 23 years old afghan soldier present with scratching lesions on the leg. It is annular plaques with micro blistering border and central clearing.

It is a tinea pedis. In Europe it’s usually caused by Microsporum canis [1], which is acquired directly from contact with pets (cat or dog). Epidemiology of Afghanistan is unknown, and other anthropo-zoophilic dermatophytes could be involved. The inflammatory lesion near the ankle is a scratched secondarily infected lesion.

A tinea pedis diagnosis is usually based on physical findings and laboratory confirmation are not needed before beginning a treatment [2]. Treatment is based on topical antifungal as azoles or allylamines which seems to be more effective [3], but it is more expensive. In our case, we obtain favorable outcome with four week of azoles cream (ketoconazole) and topical antibiotics (fusidic acid) on the secondarily infected lesions.

References