

## Clinical Image

### Title: Tinea Pedis

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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 anthro-po-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

1. Seebacher C, Bouchara JP, Mignon B (2008) Updates on the epidemiology of dermatophyte infections. *Mycopathologia* 166: 335-352.
2. Andrews MD, Burns M (2008) Common tinea infections in children. *Am Fam Physician* 77: 1415-1420.
3. Crawford F, Hollis S (2007) Topical treatments for fungal infections of the skin and nails of the foot. *Cochrane Database Syst Rev*: CD001434.