



SBIMC-BVIKM SYMPOSIUM  
ATYPICAL SKIN LESIONS IN A PREGNANT WOMAN:  
A DIAGNOSTIC AND THERAPEUTIC CHALLENGE

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## CASE REPORT

22-year-old woman

- 32 weeks of gestation
- Annular erythematous-squamous itchy plaques (shoulder, back, thigh and pubis)
- Similar lesions in the patient's husband
- Own guinea pig with skin lesions on the nose
- Poor hygiene
- No history of trauma, shaving, depilation or unsafe sexual behaviour

## WHAT WOULD YOU HAVE DONE?

- A. Treatment with antibiotics and/or steroids
- B. Follow-up until delivery and treatment after delivery if necessary
- C. Skin biopsy
- D. Topical antifungal treatment
- E. Oral antifungal treatment

## WHAT WE DID

Testing for IST: negative

Treatment with topical steroids

Extension of the pre-existing lesions

Inflammatory and extremely painful mass on the pubis suggesting an abscess

Amoxicilline-clavulanate and local application of fusidic acid

No improvement

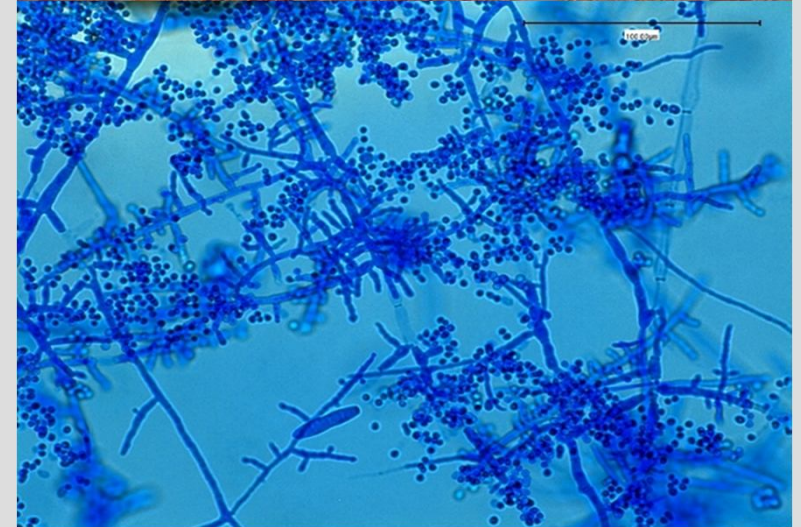
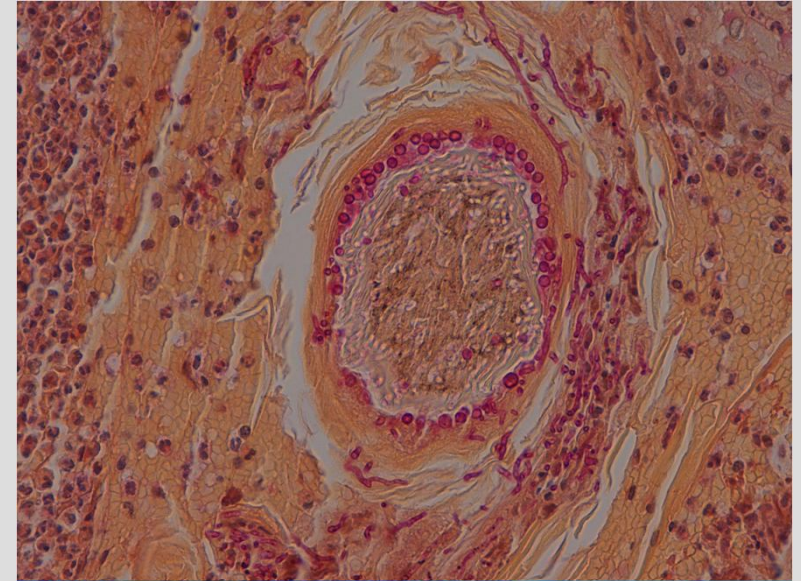
Skin biopsy



## SKIN BIOPSY



- Inoculation on Sabouraud and Takashio (diluted Sabouraud)
- Histopathologic examination (P.A.S staining)
- Microscopic examination



# MYCOLOGICAL DIAGNOSIS

- *Trichophyton interdigitale/mentagrophytes*
- = dermatophytes: prevailing causes of fungal infection of the skin, hair and nails (tinea pedis, corporis, ...)

	<i>Trichophyton interdigitale</i>	<i>Trichophyton mentagrophytes</i>
Macroscopic (surface)	Powdery to floccose Cream-coloured to yellowish-buff	
Macroscopic (reverse)	Brownish (colorless, yellow, red)	
Microconidia	Round, arranged in dense, grape-like clusters or along the hyphae	
Macroconidia	Not always present, 1-6 cells, cigar shaped, thin walled (4-8 x 20-50 µm)	
Reservoir	Anthropophilic	Zoophilic (rodents ++)

## PCR

- CNR (CHU Liège, Belgium)
- PCR **DermaGenius**® (PathoNostics): multiplex real-time PCR (highly specific)
- Result: *Trichophyton interdigitale*  
→ The guinea pig is not guilty

Diagnosis: Majocchi granuloma



## MAJOCCHI GRANULOMA

- Deep folliculitis due to a cutaneous dermatophyte infection
- Commonly occurs as a result of the use of topical steroids on unsuspected tinea
- Almost always the result of immunodeficiency and trauma (shaving)
- In our case:
  - Pregnancy = relative altered immune state
  - Use of topical steroids



# ANTIFUNGAL TREATMENT IN PREGNANT WOMEN: A CHALLENGE



- Uncertainties regarding fetal toxicity and altered maternal pharmacokinetic
  - **Topical antifungals** (azoles and allylamines) are ineffective in case of Majocchi granuloma but are recommended during pregnancy and breast-feeding followed by systemic antifungal therapy in case of recurrence or persistence of the lesions
  - **Systemic treatment** should be avoided in absence of life-threatening condition:
    - If indicated: terbinafine and itraconazole are the most effective for the treatment of dermatophytes infection BUT
      - Itraconazole (FDA category C): teratogenic in rodents. No increased risk detected in clinical studies but should still be avoided, especially during the first trimester
      - Terbinafine (FDA category B): not toxic in animal pregnancies but lack of data in human → avoid its systemic use in pregnancy
- Cautious multidisciplinary evaluation of the maternal-fetal risks
- Regular ultrasound monitoring of the fetus (report any abnormality)

## DIAGNOSTIC AND THERAPEUTIC CHALLENGE IN OUR PATIENT

- **Diagnostic challenge** < uncommon pubic localization + incomplete medical history
  - Diagnosis delay
    - Inaccurate corticosteroids treatment → local immunosuppression and development of invasive dermatophyte infection (Majocchi granuloma)
- **Therapeutic challenge**
  - Higher risk of vertical transmission to the neonate < pubic localization
  - Absence of life-threatening condition;
    - Local application of terbinafine → rapid improvement of the lesions
    - Treatment of the patient's husband and guinea pig as well as cleaning of the house

## FOLLOW-UP

- Lesions were healing at the time of delivery
- Six months after delivery: recurrence as tinea pedis + pubis
  - Treatment with oral terbinafine (250mg/day) for a 14-days period
  - No recurrence up till now





THANK YOU FOR YOU ATTENTION!

QUESTIONS?