

Induration, itch, redness, and scaling of the left Auricle

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Case report

A 23-year old female patient presented with a 4-months history of an itchy left ear. Clinical examination revealed induration, confluent redness and scaling scattered over the left auricle. (Figure 1A) Previous treatments with various topical corticosteroids led to discrete temporal improvement only.

Based on the patient's presentation what is the most likely diagnosis?

- A. eczema
- B. sarcoidosis
- C. lupus erythematosus



Figure 1A. Left auricle showing confluent redness and scaling.



Figure 1B. Left auricle after topical treatment.

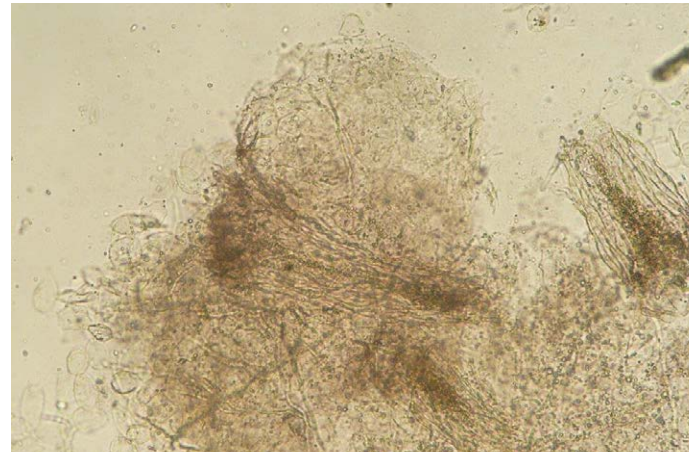


Figure 2. Native mycology revealing hyphae and spores.

- D. fungal infection
- E. perichondritis

By further interrogative investigation the patient admitted contact with a straying kitten.

Mycological tests presented hyphae and spores (*Microsporum canis*) (Figure 2).

Topical treatment twice a day with miconazole for two weeks led to total remission of the fungal infection. (Figure 1B)

Diagnosis: superficial fungal infection (*Microsporum canis*)

Discussion

Inflammatory lesions located on the auricle are relatively rare [1-3]. All differential diagnoses mentioned above have to be ruled out. Patient history has to be collated carefully and should include questioning on any contact to substances or animals. The appearance of fungal infections may have changed in the past and feature relatively mild clinical symptoms [4,5]. We therefore should be aware of ruling them out by non-invasive investigations (e.g. microbiological). Therefore they should be considered before biopsy and histopathology.

Notabene: Fungus omni presentis est! (fungus may occur anywhere).

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