

# Tinea incognita



# Tinea incognita

- Dermatophyte infection where clinical appearance has been altered by topical steroids
- Extension of original infection
- Can be induced by Pimecrolimus cream, Tacrolimus ointment or systemic steroids
- Less raised, less scaly, more pustular, more extensive, more irritable

# Treatment

- Discontinue topical steroid or calcineurin inhibitor
- Topical antifungals
- If topical antifungals not effective, then oral antifungals



DermNetNZ.org



DermNetNZ.org

# Pityriasis versicolor

- Common yeast infection on skin
- Scaly discoloured patches on chest and back
- Coppery brown, hypopigmented or pink
- Mild itch or asymptomatic
- Malassezia

# Treatment

- Topical antifungals (creams or shampoos)
- Selenium sulfide
- Terbinafine gel
- Ciclopirox cream/solution
- Oral antifungals when extensive or topical agents ineffective
- Oral terbinafine not effective



DermNetNZ.org





DermNetNZ.org

# Periorificial dermatitis

- Characterised by groups of itchy or tender small red papules
- Around eyes, nostrils, mouth and occasionally genitals
- Patients often using topical or inhaled corticosteroids
- Unilateral or bilateral eruption on chin, upper lip & eyelids
- Sparing of skin bordering lips, eyelids, nostrils
- Dry & flaky skin
- Clusters of 1-2mm erythematous papules or papulopustules
- In contrast to steroid rosacea, spares cheeks and forehead

# Treatment

- Discontinue all face creams including topical steroids, cosmetics and sunscreens
- Slower withdrawal of topical steroid/face creams if severe flare after steroid cessation
- Replace with less potent or less occlusive cream with reducing frequency
- Wash with warm water alone when rash present
- When rash cleared, then non soap cleanser can be used
- Use liquid or gel sunscreen

- Topical therapy – Erythromycin, Clindamycin, Metronidazole, Pimecrolimus, Azelaic acid
- Oral therapy – Oral antibiotics, low dose oral Isotretinoin if antibiotics ineffective or contraindicated

# How can periorificial dermatitis be prevented

- Avoidance of topical steroids and occlusive face creams
- When topical steroids are needed to treat an inflammatory facial rash, should be applied accurately to affected area, no more than once daily, in lowest effective potency and discontinue as soon as rash responds

# Eczematous cheilitis



# Eczematous cheilitis



# Seborrhoeic dermatitis





# Seborrhoeic dermatitis

