



Sparing of the upper axillary area in pityriasis versicolor

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Summary Increased temperature and sweating are considered factors predisposing to pityriasis versicolor. In this case report, sparing of the vaults of the axillae which are naturally occluded and sweaty areas, in a patient with widespread lesions of pityriasis versicolor is discussed. It is the second observation in this regard and further contributions are invited.

Key words Pityriasis versicolor, Tinea versicolor, Axilla, Flexural lesions, Intertriginous lesions

Ausencia de lesiones del pliegue axilar en la pitiriasis versicolor

Resumen El calor y la sudoración se consideran factores predisponentes en el desarrollo de las lesiones de pitiriasis versicolor. Se analiza la ausencia de lesiones en áreas de sudoración intensa, como los huecos axilares, en un paciente con lesiones muy extensas de pitiriasis versicolor.

Palabras clave Pitiriasis versicolor, Tiña versicolor, Axila, Lesiones en pliegues, Intertrigo

Pityriasis versicolor is a common superficial skin mycosis occurring throughout the world. It is more common in the tropics than temperate zones and in summer than winter. Increased heat and sweating are thought to play a role in the pathogenesis of pityriasis versicolor. In the current report, a patient with widespread lesions of pityriasis versicolor extending into the axillary areas but leaving the axillary vaults unaffected is presented. This is the second observation of sparing the axillary vaults in pityriasis versicolor [1].

Case report

An 18-year-old male patient presented to the dermatology clinic, King Fahd hospital of the university, Alkhobar, Saudi Arabia with a one-year history of asymptomatic widely spread skin lesions. He had no systemic complaint and there was no history of any other skin disease. The patient was sweating normally. The clinical examination showed widespread hypopigmented scaly macular lesions on the trunk, both in front and back, upper limbs, neck, buttocks, and legs. There were extensions of lesions into the axillae but the axillary vaults were free (Figure 1). Wood's light examination of the lesions showed the golden yellow fluorescence of pityriasis versicolor and in potassium hydroxide microscopic mounts there were bunches of round yeasts and short curved hyphae. The axillary vaults were negative with these two tests.

Discussion

Some of the lipophilic yeasts comprised in the genus *Malassezia*, which recently has been found to include more than one species [4] are part of the normal flora of the skin including the axillae [8]. Recent different works have shown *M.globosa* as the species predominantly isolated and the most probable cause of pityriasis versicolor [2,3,11]. The factors which are responsible for the pathogenic conversion of these yeasts and development of pityriasis versicolor are not definitely known but

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Figure 1. Sparing of the upper area of the (a) right and (b) left axilla in pityriasis versicolor.

hot humid environment and hyperhydrosis are thought to predispose to this infection [5-7]. The upper part of the trunk, upper arms, and neck are the common sites of pityriasis versicolor. Involvement of the axillae had been reported [9,10] but the exact location of the lesions in the axillae had not been specified. In my previous study of the intertriginous lesions in pityriasis versicolor, the axillary vaults and inguinal creases remained free of lesions in patients with widespread involvement extending into the axillary and genitocrural areas [1]. In the current case an additional observation of the sparing of upper parts of the axillae in pityriasis versicolor is offered. This observation, because of the sweaty nature of the axillary areas, is not in line with the generally held view of an association between increased sweating and pityriasis versicolor. There are, however, several factors; physiological, anatomical, and microbiological, present in the axillae and these have been suggested as possible explanations, either individually or collectively, for the sparing of the upper parts of the axillae in pityriasis versicolor [1].

References

- Aljabre SHM. Intertriginous lesions in pityriasis versicolor. *J Eur Acad Dermatol Venereol* 2003; 17: 659-662.
- Crespo V, Ojeda A, Vera A, Crespo A, Sanchez F. Aislamiento e identificación de *Malassezia* spp en pitiriasis versicolor, dermatitis seborreica y piel sana. *Rev Iberoam Micol* 1999; 16: S16-S21.
- Crespo V, Delgado V. *Malassezia* species in skin diseases. *Curr Opin Infect Dis* 2002; 15: 133-142.
- Guého E, Boeckhout T, Ashbee HR, Guillot J, Van Belkum A, Faergemén J. The role of *Malassezia* species in the ecology of human skin and as pathogens. *Med Mycol* 1998; 36 (Suppl. 1): S220-S229.
- Gupta Ak, Bluhm R, Summerbell R. Pityriasis versicolor. *J Eur Acad Dermatol Venereol* 2002; 16: 19-21.
- Martin AG, Kobayashi GS. Yeast infections: Candidiasis, pityriasis versicolor. In: Freedberg IM, Eisen AZ, Wolff K, Austen KF, Goldsmith LA, Kotz SI, Fitzpatrick TB (Eds.) *Fitzpatrick's Dermatology in general medicine* (5th ed), volume II. New York, McGraw-Hill, 1999: 2358-2371.
- Rippon JW. Superficial infections, *Medical mycology. The pathogenic fungi and the pathogenic actinomycetes*; 3rd edition; Philadelphia, WB Saunders company, 1988: 154-167.
- Roberts SOB. *Pityrosporum orbiculare*: incidence and distribution on clinically normal skin. *Br J Dermatol* 1969; 81: 264-269.
- Roberts SOB. Pityriasis versicolor. A clinical and mycological investigation. *Br J Dermatol* 1969; 81: 315-326.
- Rudolph RI, Holzwanger JM. Inverse tinea versicolor. *Arch Dermatol* 1975; 111: 1213.
- Shwartz R.A. Superficial fungal infections. *Lancet* 2004; 364: 1173-1182.