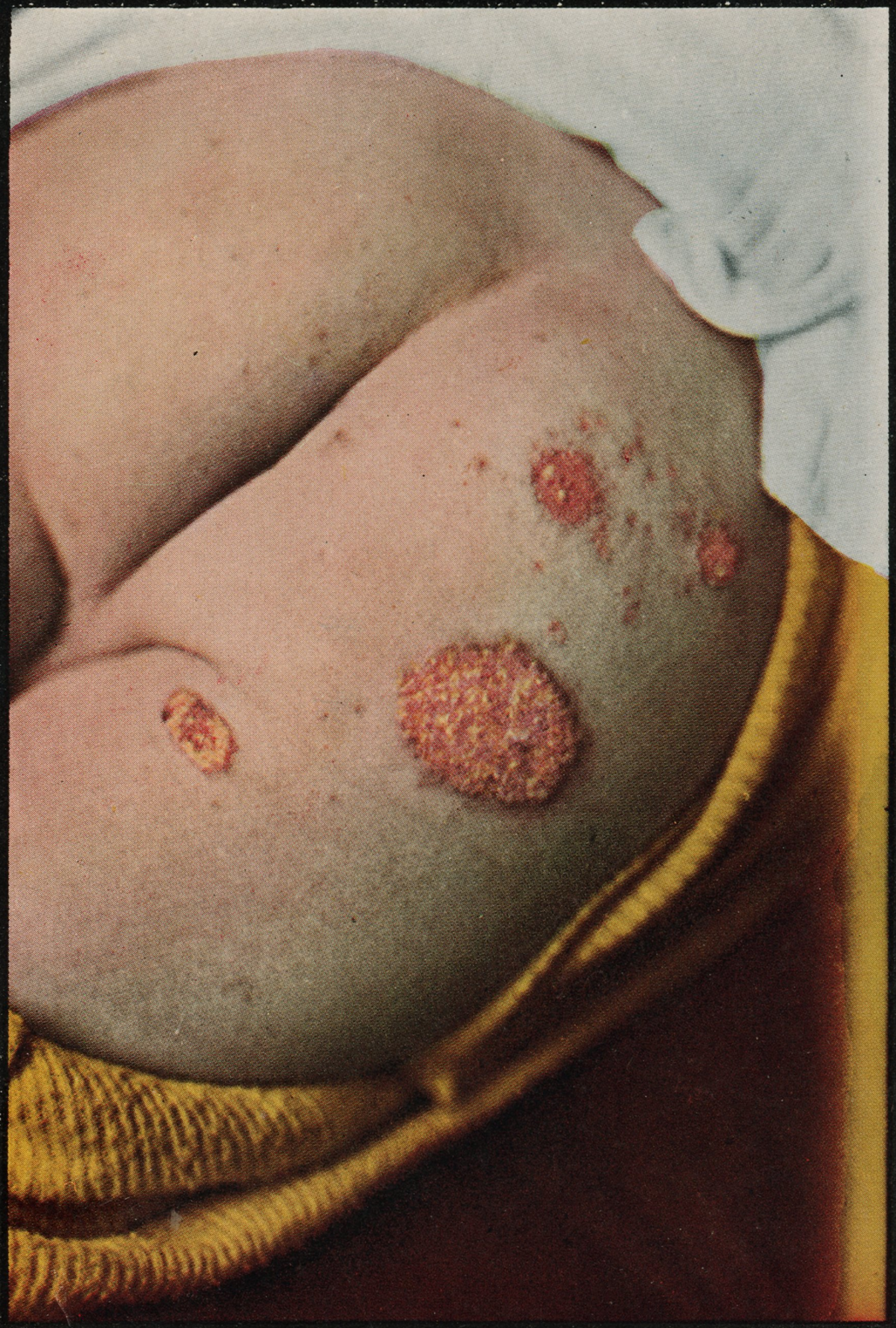

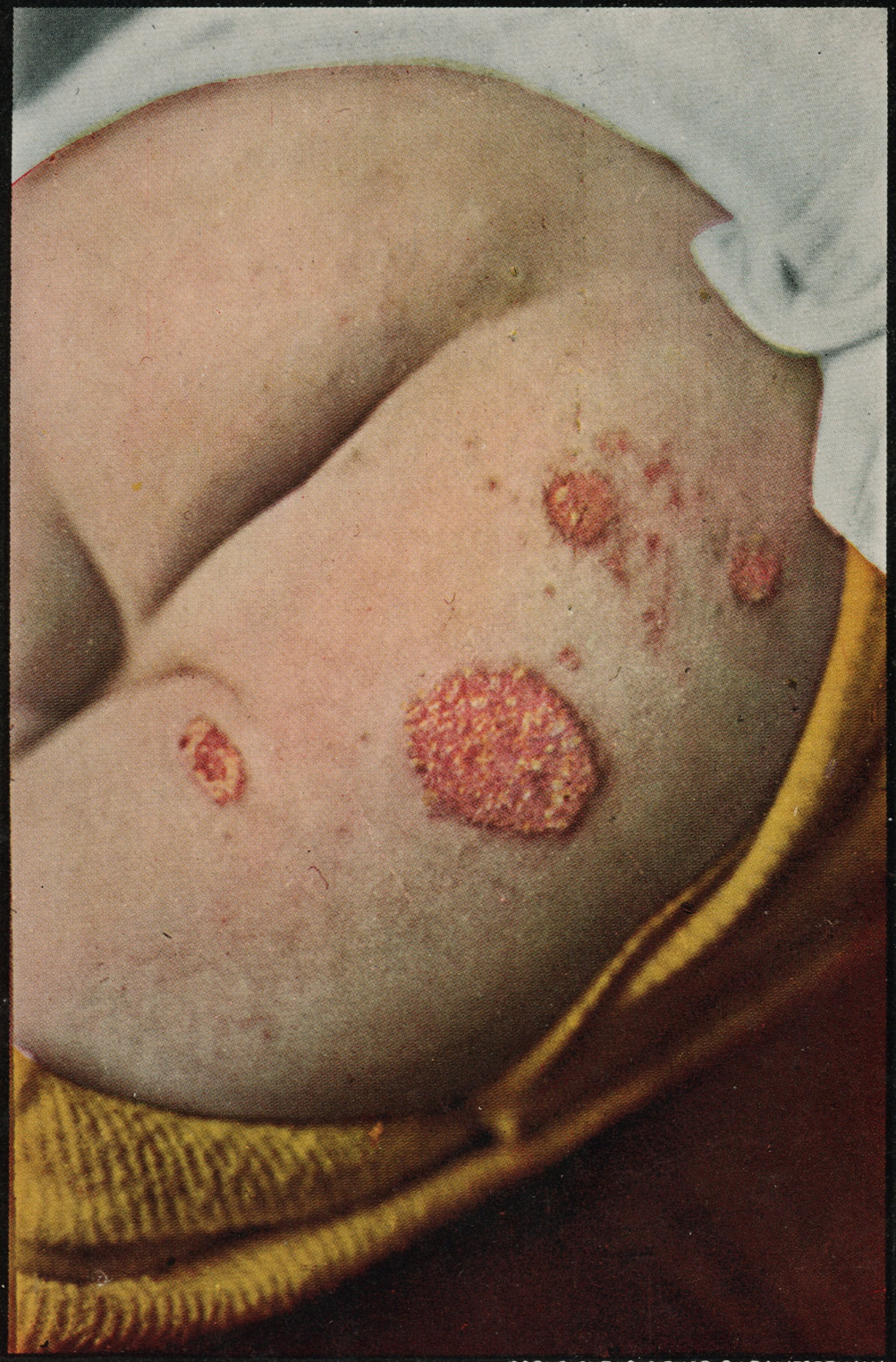

TRICHOPHYTOSIS CORPORIS

TRICHOPHYTOSIS CORPORIS

Synonyms: Tinea circinata, seu trichophytina corporis; Ringworm of the body.

The favorite sites of trichophytosis corporis are the exposed surfaces, the face, neck, hands and forearms. The appearance of the malady varies according to the amount of inflammation it produces. The most common and typical form begins as one or more circumscribed, rounded, slightly scaly, hyperemic spots, which extend peripherally, and grow paler or clear at the center so that ring-shaped lesions result. The scales are dry, gray, furfuraceous and not plentiful. The advancing edge of the ring is usually slightly elevated, and sharply defined, while the inner border peters out gradually toward the cleared center. Occasionally at the margin where the process is more active, is to be made out a row of minute papules or vesico-papules. The rings seldom reach a diameter of four or five inches. Adjacent rings may merge to form a gyrate figure. Rarely new lesions start within the older ones, producing patterns of two or more concentric rings. The large lesions remain stationary for a time, then pale and finally disappear spontaneously. There is another type met with most frequently when the lesions are so situated as to be subjected to heat and friction and especially to the irritation of moist excretions. The patches spread without central involution, giving rise to disc-shaped lesions in which, however, the edge may be slightly more prominent than the central portion. With this form the skin is generally more or less infiltrated, and other signs of inflammation are more pronounced. The spot is brighter red and its surface is dotted with miliary abscesses which are more closely set at the periphery. In either form the subjective symptoms are not marked. There may be slight itching or tingling. **DIAGNOSIS:** In *syphilis circinata* the annular lesions extend slowly and very seldom reach the diameter of the ordinary ringworm, the ring itself is usually quite narrow and devoid of scales; there are generally other signs of syphilis. Patches of *eczema seborrhoicum* in the sternal and interscapular regions may resemble ringworm, but their location suggests their cause and they are usually associated with a seborrhoea of the scalp; the scales may be plentiful, and are yellowish and greasy, and never contain spores The more inflammatory type of ringworm may closely resemble true *eczema*, but the irregular shape and ill-defined border of an eczematous patch, its severe itching, its mode of development and the presence of other lesions, usually serve to differentiate it. In any doubtful case the diagnosis may be established by a microscopic examination of the scales or superficial epithelium scraped from the lesion and soaked in liquor potassii hydroxidi. If the disease is ringworm, spores are present in large numbers and mycelial filaments are often to be seen. **TREATMENT:** Ringworm of the non-hairy surface is easy to cure. Unguentum hydrargyri ammoniati well rubbed into the spot once a day will bring about a prompt recovery.