

Note on the development of trichopytosis cruris / by George Henry Fox.

Contributors

Fox, George Henry, 1846-1937.

Publication/Creation

[Place of publication not identified] : [publisher not identified], [1882]

Persistent URL

<https://wellcomecollection.org/works/mt462k25>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

23

JOURNAL
OF
CUTANEOUS AND VENEREAL DISEASES.

VOL. I.

OCTOBER, 1882.

No. 1.

Original Communications.

NOTE ON THE DEVELOPMENT OF TRICHOPHYTOSIS CRURIS.

BY

GEORGE HENRY FOX, A.M., M.D.,

Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York.

THERE is probably no parasitic affection of the skin occurring in this country, whose nature is so apt to pass unrecognized as the ring-worm or so-called *eczema marginatum* of the genito-crural region. The disease is not so rare but that it is likely to occur in the practice of any physician, and a note on one or two clinical features of diagnostic value may be appreciated by readers who are not specially expert in cutaneous affections.

Trichophytosis cruris usually begins upon that portion of the thigh with which the scrotum comes in contact, and the frequency with which the left thigh is found to be the starting-point of the disease, in males at least, is doubtless owing to the common custom of dressing upon that side. A reddened, scaly disc of circular or oval form may be noted at the outset, but frequently the patient is not led to examine the affected part until there has developed a reddened patch bounded by the outline of scrotal contact. A slight pruritic sensation is now experienced, the patient being inclined to rub rather than to scratch the affected skin. The other thigh becomes affected shortly after the disease is established, and a somewhat symmetrical eruption results, although the patch upon the thigh first affected is almost invariably larger than that upon the other. The disease is observed to be most active at the periphery of the

patch, although *the abrupt and gradually advancing margin which is characteristic of ringworm of other parts is frequently wanting in trichophytosis cruris*. Frequently the border of the patch shows an eruption of discrete lesions of a papular, vesicular, or even pustular character, as is seen upon the left thigh of the patient, represented in the accompanying colored plate. The invariable situation of these lesions at the mouths of the hair follicles is indicative of their trichophytic character. At this period a diagnosis of papular eczema is very apt to be made, since many dermatological writers formerly laid stress upon the diagnostic point that ringworm has a marginate border, while eczema shades off at the margin into the healthy skin.

In a few days, however, the discrete lesions multiply in number, coalesce, and form not only a sharply circumscribed periphery, but often *a broad marginate band of a bright-red hue*, and an inch or more in width. During the extension of the patch, it is not uncommon to observe the development of small, annular elevated patches of inflamed skin of the size of a dime or quarter-dollar. These reddish "buttons" may be located upon the smooth or slightly scaly and pigmented skin, constituting the oldest portion of the patch, or they may develop just outside of its margin. One will be seen upon the left thigh in the case illustrated. The development of these circular patches, as well as the marginal band above mentioned, is accompanied by a decided increase in pruritus, which is often very annoying to the patient.

Another peculiar feature of trichophytosis cruris which I have repeatedly noticed is the sudden development of a line of lesions usually vesicular, *about three-fourths of an inch or more beyond the margin of the patch*; a band of apparently healthy skin being inclosed. This peculiarity, of which little or no mention is made by writers on the subject, is well shown upon the right thigh of the patient portrayed in the plate. The only explanation I can give of this singular progress of the eruption, so different from what is observed in ordinary ringworm of the body, is purely hypothetical. The deep-seated fungus may undermine the epidermis for a short distance, and then break through to the surface of the skin without raising an epidermic layer, as happens in the cases of *tinea imbricata*, or ringworm of the crotch and axilla, occurring in certain tropical climates. This explanation seems probable, in view of the fact that the inclosed band of smooth epidermis becomes transformed in a few days into an inflamed marginal band, such as we have seen to result from the multiplication and coalescence of discrete papular lesions. For example, in the case of the patient portrayed in the plate, this marginate band appeared on both thighs within a week from the time the water-color drawing was made, and the general appearance of the eruption was entirely changed.