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Widespread annular rash in a low resource setting

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This is the upper chest of a man in his 50s who presented to Partners in Hope medical centre in Lilongwe, Malawi with a three month history of pruritic rash (fig 1). On examination, polycyclic annular eruptions with erythematous, raised scaly borders were present. No peripheral neuropathy or loss of sensation was detected.



Fig 1 |

The patient was HIV positive with advanced disease (CD4 count: $0.37 \times 10^9/L$). He was compliant with antiretroviral treatment and prophylactic cotrimoxazole, with no recent changes to his drug regimen. The rash showed no improvement after treatment with hydrocortisone 1% cream.

Differential diagnoses included tinea corporis, cutaneous larva migrans, erythema multiforme, syphilis, tuberculoid leprosy, and granuloma annulare.

Because of the time course and appearance of the lesions—superficial, gyrate (ring-shaped lesions), tinea corporis was suspected and oral fluconazole started. The appearance of the lesions improved noticeably, suggesting that the diagnosis was correct. In low resource settings, empirical treatment with a well tolerated drug might be reasonable when further testing is unavailable.

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Patient consent obtained.

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