A 63-year-old woman presented with an asymptomatic pigmented lesion that was enlarging on the instep of her right foot. Biopsy revealed pigmented septate hyphae within the keratinized layer of the skin.
The Diagnosis: Tinea Nigra

Synonyms of tinea nigra include keratomycosis nigricans, cladosporiosis epidemica, pityriasis nigra, and microsporosis nigra. Tinea nigra is caused by infection of the stratum corneum with the lipophilic dematiaceous fungus *Hortaea* (formerly *Exophiala*) *werneckii*. Infection with other dematiaceous fungi such as *Stenella araguata* can create a similar clinical picture. Exposure to organisms within soil, sewage, or compost can lead to an infection of the stratum corneum 2 to 7 weeks later. Lesions are painless, flat, sharply circumscribed, and lack scale (Figure 1). Females are affected more often than males. Infection is most common in individuals residing in tropical and coastal areas; with widespread travel, infection has been reported in most areas. More than one lesion may be present; when multiple lesions are noted, different species may be involved. The deposition of a melaninlike compound leads to the development of irregular pigmentation. Examination with a dermatoscope can allow for diagnosis. Examination of skin scrapings subject to potassium hydroxide solution 20% reveals deeply pigmented and branching hyphae. Culture on Sabouraud agar incubated at 25°C yields an olive to green-black mucoid yeastlike colony. Biopsy reveals deeply pigmented hyphae within the stratum corneum on routine hematoxylin and eosin-stained sections (Figure 2). No notable inflammatory response is evident. Treatment with topical imidazole antifungal agents is curative. Terbinafine hydrochloride cream 1%, ciclopirox gel, and ketoconazole cream are of value. Rare reports of systemic involvement have been noted in the setting of acute myelocytic leukemia. Isolates in these cases were resistant to amphotericin B and flucytosine. It is important for clinicians to be aware of the typical clinical presentation of tinea nigra so that extensive surgery can be avoided.

**REFERENCES**


**Figure 1.** An asymmetrical pigmented lesion with an irregular border on the instep of the right foot.

**Figure 2.** Pigmented septate hyphae within the keratinized layer of the skin (H&E, original magnification ×40).