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Image Article

# Scalp White Piedra caused by *Trichosporon asahii*

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**CLINICAL IMAGE**

A 10-year-old girl presented for asymptomatic whitish particles in the scalp hair since 6 months (Figure 1). It was encircling almost the entirety of the scalp hairs' shafts, easily detachable and measuring 1 to 1.5 mm. Scalp skin, eyebrow and eyelash's hair were normal. Dermoscopy examination showed whitish peripilar casts attached to distal parts of the hair with normal aspect of scalp skin (Figure 2). A detailed interrogation revealed the history of tying wet hairs after washing. Facing the clinical and dermoscopic aspect of the lesions, the diagnosis of white piedra was suggested then confirmed by a mycological examination which revealed a *Trichosporon asahii*. The patient was advised to keep the hair dry, and was treated with 2% ketoconazole shampoo topically daily for 2 months with oral fluconazole for 3 months. We noted a good evolution and disappearance of the casts after the treatment.

**Figure 1:** Whitish particles in the scalp hair.

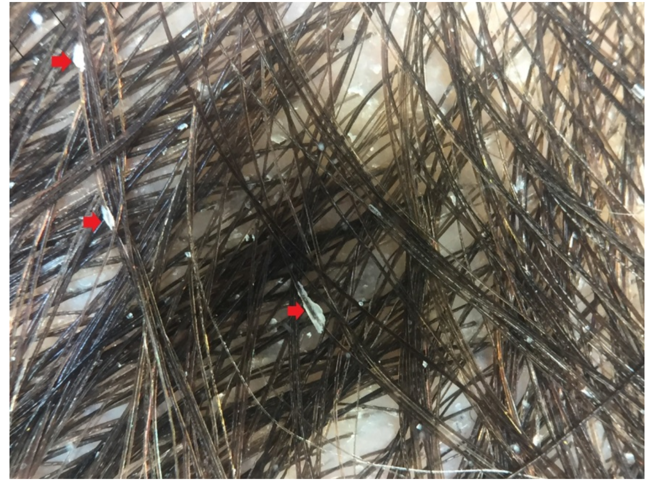

**Figure 2:** Dermoscopy of the scalp showing peripilar casts attached to distal parts of the hair (DermLite DL4, 10×).

White Piedra (WP) is a rare, asymptomatic, superficial fungal infection caused by yeast-like organisms of the Trichosporon genus. It commonly affects beard hairs shafts, moustache, genitals, axilla and scalp. Human hair colonization may occur as a result of poor personal hygiene, hair washing in stagnant waters, persistence of warmth and moist on the scalp, and excessive use of hair oils. Clinically, WP appears as nodules of variable hardness, which are a compact mass of fungal hyphae and spores that stick to the hair shaft (casts-like) as temperate and tropical climates favor the growth of the causative fungus. Dermoscopy guide the diagnosis by eliminating other defects such as traction hair cast, *Trichorrhexis nodosa* and *Trichorrhexis monilethrix* [1]. The treatment is based to local antimycotics, such as 2% zinc pyrithione, imidazoles or selenium sulfur. Oral antifungals are used in second line (Oral itraconazole and fluconazole). The combination of shampoos and oral azole antifungals is strongly recommended [2].

**CONFLICT OF INTEREST**

None.

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