

IMAGES IN CLINICAL MEDICINE

Kerion Celsi



Laura Erin Proudfoot, M.D.
Rachael Morris-Jones, Ph.D.

King's College Hospital
London, United Kingdom
laura.proudfoot@kcl.ac.uk

A HEALTHY 5-YEAR-OLD BOY PRESENTED WITH A 3-MONTH HISTORY OF AN inflammatory mass on the scalp that had not responded to antibiotics. The physical examination revealed a boggy occipital swelling studded with pustules, as well as postauricular lymphadenopathy (arrow). The boy had no other symptoms, and the results of laboratory studies, including microbiologic swabs, were normal. A bacterial abscess was diagnosed, and he was referred for incision and drainage under general anesthesia. Before surgery, he was seen by a dermatologist who diagnosed fungal kerion, and surgery was abandoned. Subsequent scalp brushings isolated *Trichophyton tonsurans*. A 1-month course of oral terbinafine resulted in the successful resolution of symptoms and mycologic clearance. Kerion celsi is an inflammatory form of tinea capitis caused by a T-cell-mediated hypersensitivity reaction to the causative dermatophyte. Early diagnosis may avert unnecessary and inappropriate surgical drainage.

Copyright © 2012 Massachusetts Medical Society.