with potassium hydroxide but was positive for Tricophytum tonsurans in culture. Treatment with oral Griseofulvin and topical Clotrimazole for two weeks resulted in clinical clearance of the rash.

Tricophytum tonsurans is an anthropophilic endothrix dermatophyte infection. There is an equal sex incidence in children; in adults it is more common in women. Transmission is from person to person and there is no other known host. It may persist into adulthood. Clinically it may be difficult to diagnose from other erythematous skin lesions. Diagnosis is made by mycology; endothrix dermatophytes do not fluoresce under wood's light. Potassium hydroxide examinations for hyphae may be negative. It is difficult to diagnose on clinical examination. Tropical antifungals are usually ineffective in treating Tinea capitis and Tinea facei. Systemic griseofulvin, for six weeks, is,the treatment of choice in children. Erroneous treatment with steroid results in Tinea incognito, a less clearly defined pustular folliculitis.

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Lichen Planus

An eight-year-old boy presented with moderately itchy, violaceous papules on both legs and forearms of 2 months duration. There was no mucosal, nail or hair involvement. Koebner's phenomenon, defined as appearance of new lesions along the line of trauma or scratch was positive (*Fig. 1*). Lesional biopsy revealed hyperkeratosis, focal hypergranulosis, irregular acanthosis and diffuse basal cell degeneration with dense upper dermal lymphocytic infiltrate, characteristic of Lichen planus. Topical application of a potent topical steroid, clobetasol proprionate (0.05%) twice daily with systemic antihistamine led to marked decrease in itching and subsequent resolution of lesion with residual hyperpigmentation in 6 weeks period.

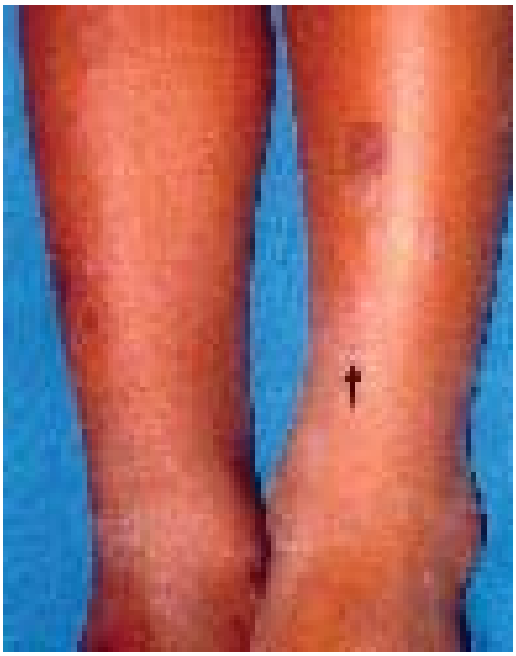

Fig. 1. Violaceous papules both legs with positive Koebner's phenomenon (arrow).

Lichen planus (LP) is a pruritic dermatosis of unknown etiology that affects skin, oral and genital mucous membranes, nails and hair. The classic form presents with symmetrically distributed, violaceous, papules commonly involving the flexor aspects of wrists, legs and lower back. LP is mostly self limiting and resolves after a variable period ranging f rom few months to years, leaving behind hyperpigmentation and/or scarring. Differential diagnoses in children include lichenoid drug eruption, psoriasis, plane warts and pityriasis rosea. LP is uncommon in children accounting for less than 2-3% of all adults cases.

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