Clinical Image

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Demodex folliculitis: a masquerading entity

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A 77-year-old man presented to a dermatology office in August 2021 with a six-month recalcitrant and pruritic facial rash that was initially diagnosed as seborrheic dermatitis and unsuccessfully treated with topical mometasone. Review of systems was unremarkable. A physical examination demonstrated an annular, erythematous, scaly patch with serous crusting on the right central forehead and erythematous patches on the bilateral malar cheeks (Image A). Suspecting tinea incognito, a KOH prep test was performed and revealed a significant infestation of demodex mites with no appreciable dermatophyte features

Image A: Annular erythematous scaly plaque involving the right forehead and bilateral malar cheeks.

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(Image B). A shave biopsy showed a spongiotic dermatitis and chronic perifolliculitis with many demodex mites in the follicles. Periodic acid Schiff (PAS) stain was negative for fungal elements. The above clinical and histopathological correlation confirmed the diagnosis of demodex folliculitis (demodicosis). Mometasone was discontinued as it clinically exacerbated his condition, and he was successfully treated with sulfacetamide sodium-sulfur with complete resolution.

Image B: KOH prep demonstrating multiple demodex mites (magnification, 40×).

Folliculitis is a very common condition, and cultures of its lesions will most often reveal either normal flora or *Staphylococcus aureus*, and less commonly gram-negative rods [1]. *Demodex* species are part of the normal cutaneous flora but can also cause an infectious ectoparasitic folliculitis. *D. folliculorum* predominates in the follicular infundibulum of facial skin, while *D. brevis* resides in the sebaceous glands and ducts of the trunk [2]. *Demodex* are a less common cause of folliculitis and present with red, follicular papules and pustules on the face with a diffuse background of erythema [1]. It may be associated with immunosuppression [1]. Common treatments include topical metronidazole, topical permethrin, ivermectin, benzoyl benzoate, crotamiton, lindane, and sulfur [1, 3].

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