surface and then turned into brown color. Reverse was brown in colour. Slide culture test revealed chains of rough walled, lemon-shaped conidia on numerous branched conidiophores. Antifungal sensitivity was not done.
Discussion: *S. brevicaulis* is a common saprophytic fungus. The genus *Scopulariopsis* consists of more than 30 species, where eight specs have been reported to cause infections in humans. Of these, *S. brevicaulis* the most common. *Scopulariopsis* often reported in proximal onychomycosis result in yellow-striated nails .The toe nails get affected mostly and it is common in adults. Skin and soft tissue infection, endocarditis and endophthalmitis have been reported among immnunocompromised patients.Many publications have showed multi-resistance in *S. brevicaulis*with high in vitro MICs against amphotericin B, itraconazole, posaconazole, voriconazole, caspofungin and terbinafine. This makes the treatment much more difficult.

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First patient with *Trichophyton violaceum* tineacorporis in Sri Lanka

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Introduction: *Trichophyton violaceum* (formerly *T. soudanense*) is an anthropophilic fungus which is frequently isolated in patients with tineacapitis in certain regions of Africa. Infection of the skin and nail is less common. We report the first case of tineacorporis due to *Trichophyton violaceum* in Sri Lanka.
Case Report: A 5 year old child developed a pruritic, scaly lesion in popliteal areas of both lower limbs. The area was lightly pigmented and size of both lesions was increasing gradually. No evidence of active inflammation. No other body areas were involved. None of the family members or her play mates had similar type of condition.
She was referred to the Department of Mycology for further investigations and skin scales were collected for mycological studies. The direct microscopic examination revealed no fungal filaments, spores or arthrospores. The sample was cultured on Sabouraud dextrose agar supplemented with chloramphenicol +/- cyclohexamide and incubated at specific temperatures for two weeks. Cultures were observed frequently for any growth. There was a fungal growth on day 13 and the macroscopic appearance of colony was slow-growing, glabrous, leathery, wrinkled and yellow incolour. Highly distorted fungal hyphae had reflexive or right-angle branching with septae in the slide culture. Pyriform microconidia were present and numerous chlamydoconidia was observed in older culture.
Discussion: These nail infections are extremely difficult to eradicate and resemble those caused by other endothrix organisms. If any case of skin or nail infection identified, a familial source of infection should be sought, as in all cases of anthropophilic fungal infection

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Pyoderma gangrenosum: Surgeons beware...!

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Introduction: Pyoderma gangrenosum (PG) is an uncommon, ulcerative cutaneous condition of uncertain aetiology. In up to 50% of patients it's associated with an underlying systemic disease, ie, inflammatory bowel disease, arthritis or a haematological disease. This neutrophilic dermatosis most frequently affects the lower extremities of adults aged 25–54 years. PG is a diagnosis of exclusion, other causes of similar cutaneous ulcerations need to be excluded. PG ulcers demonstrate pathergy, ie, worsening in response to minor trauma or surgical debridement.
Case Report: A 62 year old male, diagnosed with myelodysplastic syndrome (MDS) 3 years ago, presented with a non-healing leg ulcer for more than a year. He had developed a small wound over the area following minor trauma which had progressively worsened over the past year, leading to an almost circumferential leg ulcer. He had undergone several aggressive surgical wound debridements which had not improved the condition but rather worsened it. The ulcer had undermined, overhanging, dusky purple edges with surrounding induration and erythema. The base of the ulcer contained necrotic tissue with a purulent exudate. A diagnosis of PG was made using the criteria described by Su et al, and the patient was started on systemic and topical steroids. The ulcer responded dramatically to this treatment and is reducing in size and healing well at present.
Discussion: It is important to be aware of PG and to suspect it in the relevant patient. Surgical intervention, may sometimes appear tempting, but will simply make the condition worse.