

Figure 1: Erythematous eruption with desquamation, scales and wrinkles: Figure 1a: groins; Figure 1b: gluteal (red circle = wrinkled skin); Figure 1c: axilla; Figure 1d: inframammary; Figure 1e: mid-back of bra-covered area (red circle = wrinkled skin).



Table 1: Differential diagnoses for erythematous eruptions of intertriginous zones.

Condition	Characteristics
Granular parakeratosis	Reddish-brown hyperkeratotic scaling rash involving the intertriginous zones with history of exposure to benzalkonium chloride in any age. Histologically: hyperkeratosis, parakeratosis and hypergranulosis.
Tinea (dermatophytosis)	Well-demarcated annular lesions with scales and central sparing, anywhere in body in any age. Confirmed by fungal microscopy, culture and sensitivity.
Atopic dermatitis/eczema	A personal or family history of atopy. Papules, patches or plaques displaying spongiosis with lichenification in longer standing cases in any age. Pruritus is common.
Contact dermatitis (irritant or allergic)	Typically, localised dermatitis at contact sites; any age.
Inverse (flexural) psoriasis	Well-demarcated, shiny and smooth erythematous patches or plaques with fine scaling and fissuring involving the flexural sites. Seen in 20–30% of individuals with psoriasis. ⁸
Erythrasma	Well-defined pink or brown patches with fine scaling involving axilla, groins and between toes, affecting mostly adults; coral-red fluorescence on Wood's lamp examination.
Candidiasis	Erythema, maceration, and satellite lesions in intertriginous sites of usually young children and the elderly.
Secondary syphilis	Non-itchy, reddish-brown papules on mostly the palms, soles and trunks of adults. Confirmed on serology.
Darier's disease, Dowling-Degos disease and Hailey-Hailey disease	Rare genetic (autosomal dominant) disorders that may appear in the flexural zones; usually present from young adult age onwards.