A previously healthy 16-year-old female presented to a dermatology clinic for evaluation of a pruritic, multifocal rash on her left arm that had begun 2 months ago. The rash first appeared on her forearm and then spread to her wrist and upper arm (Fig. 1A). The patient had a history of eczema and applied a corticosteroid cream (triamcinolone) to the affected areas, but the rash did not improve or worsen, according to the patient. Also, the patient had an interest in veterinary medicine and worked with animals (goats, lambs, and sheep) in her spare time. She reported that some of the animals had recently developed a skin infection, assumed by the animal caretaker to be lumpy wool disease, which is caused by the bacterium *Dermatophilus congolensis*. A KOH preparation test at the dermatology clinic was negative for fungal elements, so a punch biopsy specimen was sent to the dermatopathology department for histological examination and to the microbiology department for aerobic, anaerobic, fungal, and mycobacterial cultures. The dermatopathology report noted an infectious process of the hair follicle, but no organisms were seen on periodic acid-Schiff, Fite, and Gram stains. Microbiology stains (Gram, calcofluor white, and auramine-rhodamine) and cultures were negative after the first week, with only coagulase-negative *Staphylococ-
cus growing in the thioglycolate broth, suggestive of skin flora contamination. After 2
weeks, inhibitory mold agar grew a single crumbly, yellow colony with a raised center
that was hard yet brittle. This colony was subcultured onto Sabouraud's agar (Fig. 1B),
and a lactophenol cotton blue stain demonstrated the structures seen in Fig. 1C.