

INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

A CLINICOMYCOLOGICAL STUDY OF DERMATOPHYTOSES FROM A TERTIARY CARE CENTRE IN SOUTHERN RAJASTHAN (INDIA)

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Background: In recent times, there is an upsurge in cases of recalcitrant and atypical dermatophytoses across India.. The liberal use of over the counter topical medications containing class 1 topical steroids has probably lead to this situation. There is thus a fresh need to study the dermatophytoses .

Objectives: To study clinico-mycological profile of patients of dermatophytoses and to see the change in trends of dermatophyte species if any.

Methods: Patients with suspected dermatophytoses attending a tertiary care hospital over a period of 6 months were included . Clinical details with special attention to morphology were recorded and KOH examination and fungal culture was done.

Results: Total of 210 patients were seen. M:F ratio was 3.77:1. Maximum patients were in age group 21-30 years (63%). Mean duration of disease was 3.5±1.84 months. 128(60.95%) patients belonged to lower socioeconomic class. 173 patients (82.38%) were taking some kind of treatment, out of which 152 patients used combination (class 1 steroid + antifungal) therapy. Tinea corporis et cruris was the most common type of presentation (46.19%). Clinical patterns noted were classical annular lesions, lesions with multiple concentric rings, Lichenified lesions, Predominant pustular lesions. KOH positivity seen in 138 samples (65.71%) .Culture positivity found in 158 samples (75.23%). Common species identified were Trichophyton rubrum(40 ; 25.3%) and Trichophyton mentagrophytes (39; 24.6%).

Conclusion: Disease was more common amongst lower socioeconomic class. A large no of patients were using OTC class1 steroid containing combinations. Tinea corporis et cruris was commonest type observed. Trichophyton rubrum and T. mentagrophyte were the commonest species isolated. There is a need to build awareness in population regarding personal hygienic practices, early reporting to specialist dermatologists, and avoidance of usage of OTC topical therapy containing steroid so as to decrease spread of infection in future.