

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

## MASS INFECTION OF TINEA CORPORIS ET CAPITIS DUE TO TRICHOPHYTON TONSURANS AMONG JUDO ATHLETES IN IBARAKI PREFECTURE, THE EAST DISTRICT OF JAPAN

M Kakurai (1) - T Demitsu (2) - N Umemoto (2) - M Kawase (2) - T Mochizuki (3)

Kakurai Clinic Of Dermatology, Depart Of Dermatology, Shimotsuma, Japan <sup>(1)</sup> - Jichi Medical University Saitama Medical Center, Department Of Dermatology, Saitama, Japan <sup>(2)</sup> - Kanazawa Medical University, Department Of Dermatology, Kanazawa, Japan <sup>(3)</sup>

Introduction: Trichophyton tonsurans is an anthropophilic dermatophyte and infects by contact infection. Recently mass infection of tinea corporis among young Judo athletes occurs in Japan. This is the important issue to educate and develop the promising young Judo athletes toward Olympic Tokyo 2020. We experienced many patients with T. tonsurans infection among Judo athletes in Ibaraki Prefecture of JAPAN where many Olympic gold medalists were born.

Objective: To avoid further mass infection, we precisely make an early diagnosis. Moreover, we inform the possibility of mass infection of Judo instructors, school nurses, and board of education as well as mass media.

Materials and Methods: We have collected 32 patients with T. tonsurans infection in a private clinic from 2010 to 2018. Identification of T. tonsurans was made by mycological studies including molecular diagnosis. To examine the route of infection, we asked the patients to check the similar skin symptoms of their teammates. We also informed Judo instructors, school nurse, and board of education as well as a Newspaper journalist of the alert of mass infection.

Results: Male/female was 28:5. Age range was 9 to 32 years old. Most of them were Judo players. They had tinea corporis predominantly involved in the face, neck, trunk and arms. Tinea capitis was found in 9 of the 32 cases. All patients were successfully treated with topical and/or systemic anti-fungal agents. Four patients showed relapse or re-infection.

Conclusions: Early diagnosis, picking silent career up, and complete treatment with topical and systemic antifungal agents are needed to prevent the mass infection. Hairbrush culture for the screening is useful to detect the silent career. Mass media campaign is also important. Anyhow, dermatologist should be aware of the mass infection of tinea corporis et capitis among combat sports athletes in all countries.





