

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

THE EPIDEMIOLOGICAL AND CLINICAL PROFILE OF TINEA CAPITIS IN INFANTS IN THE SOUTH OF TUNISIA

S Boudava $^{(1)}$ - R Chaabouni $^{(1)}$ - S Miladi $^{(1)}$ - E Bahloul $^{(1)}$ - A Masmoudi $^{(1)}$ - H Turki $^{(1)}$

Dermatology, Hedi Chaker Hospital, Sfax, Tunisia (1)

Introduction: Tinea capitis (TC) is the most common dermatophytosis of childhood. However, the involvement of infants remains poorly studied in the literature.

Objective: To review the epidemiological clinical and mycological profile of TC in infants.

Materials and methods: Retrospective study of all cases of TC in infants (0-2 years old), collected in the dermatology department and / or in the parasitological laboratory of Sfax during 22 years (1995-2017).

Results: 398 infants (246 boys, 152 girls) with a mean age of 19 months were diagnosed with TC among a total number of 5002 cases of TC (7.95%). There was only one neonatal case. 53.76% of the cases came from an urban area. A contact with the animals was found in 8% of cases, the most represented being the cat (62.5%). TC in the family was noted in 5.7% of cases. Clinically, it was microscopic tinea in 45%, trichophytic in 44%, and inflammatory in 4% of cases. Atypical clinical manifestations resembling pseudotinea amiantacea, seborrheic dermatitis or bacterial folliculitis were found in 7%. Physical examination showed tinea corporis in 2,5% of cases, located at the level of the face in 50% of the cases. The culture was positive in all cases isolating a Microsporum Canis in 48.5%, Trichophyton violaceum in 39% of cases, Trichophyton tonsurans in 5% of cases and Trichophyton mentagrophytes in 2.7% of cases. All infants were treated successfully with griseofulvin for six to eight weeks, in combination with local treatment with clinical and mycological cure.

Conclusion: TC in infants is relatively common in our region with a prevalence of 7.95%. According to the literature, we noted a male predominance. The clinical presentation is extremely variable. The diagnosis should be considered if scaling and/or alopecia are present and should be confirmed by mycology testing prior to initiation of treatment.





