



EPIDEMIOLOGY

MOLD INFECTIONS IN DERMATOLOGY

Asja Prohic⁽¹⁾

Department For Dermatovenereology, University Clinical Center Of Sarajevo, Sarajevo, Bosnia And Herzegovina⁽¹⁾

Molds are a large and taxonomically diverse number of fungal species that grows in the form of multicellular filaments called hyphae, which intertwine to produce a mass of filaments or mycelium. Some molds also produce mycotoxins that can lead to neurological problems and in some cases, death.

Skin infections caused by non-dermatophytes are rare in immune competent patients but may occasionally be inoculated by trauma. In immunosuppressive patients non-dermatophytes may disseminate by haematological spread to the skin secondary to a systemic infection.

Nondermatophytic molds causing onychomycosis include several species of which the most common are: *Aspergillus* species and *Fusarium* species.

Unlike dermatophytes, some are not keratinolytic. They live on the unkeratinized intercellular cement of the host tissue and must take advantage of previous keratin destruction by dermatophytes, trauma, or another nail disease. For this reason, they are sometimes considered secondary invaders of the nail plate.

Suggested predisposing factors include increasing age, immunosuppression, poor peripheral circulation, peripheral neuropathy and trauma.

The nails are involved in the majority of cases. Mould infections of the finger and toenails can be indistinguishable from other types of onychomycosis. However, unlike dermatophyte infections, molds frequently result in paronychia. Leukonychia and melanonychia can also be clinical manifestations.

The choice of systemic or topical antifungal treatment or a combination of antifungal treatment combined with chemical or mechanical nail avulsion is chosen based on the extent of nail changes in conjunction with the patient's other disorders and possible medication interactions.

