

Superficial Fungal Skin Infection

They invade keratinized tissues :

- **Stratum corneum**
- **Hair**
- **Nails**

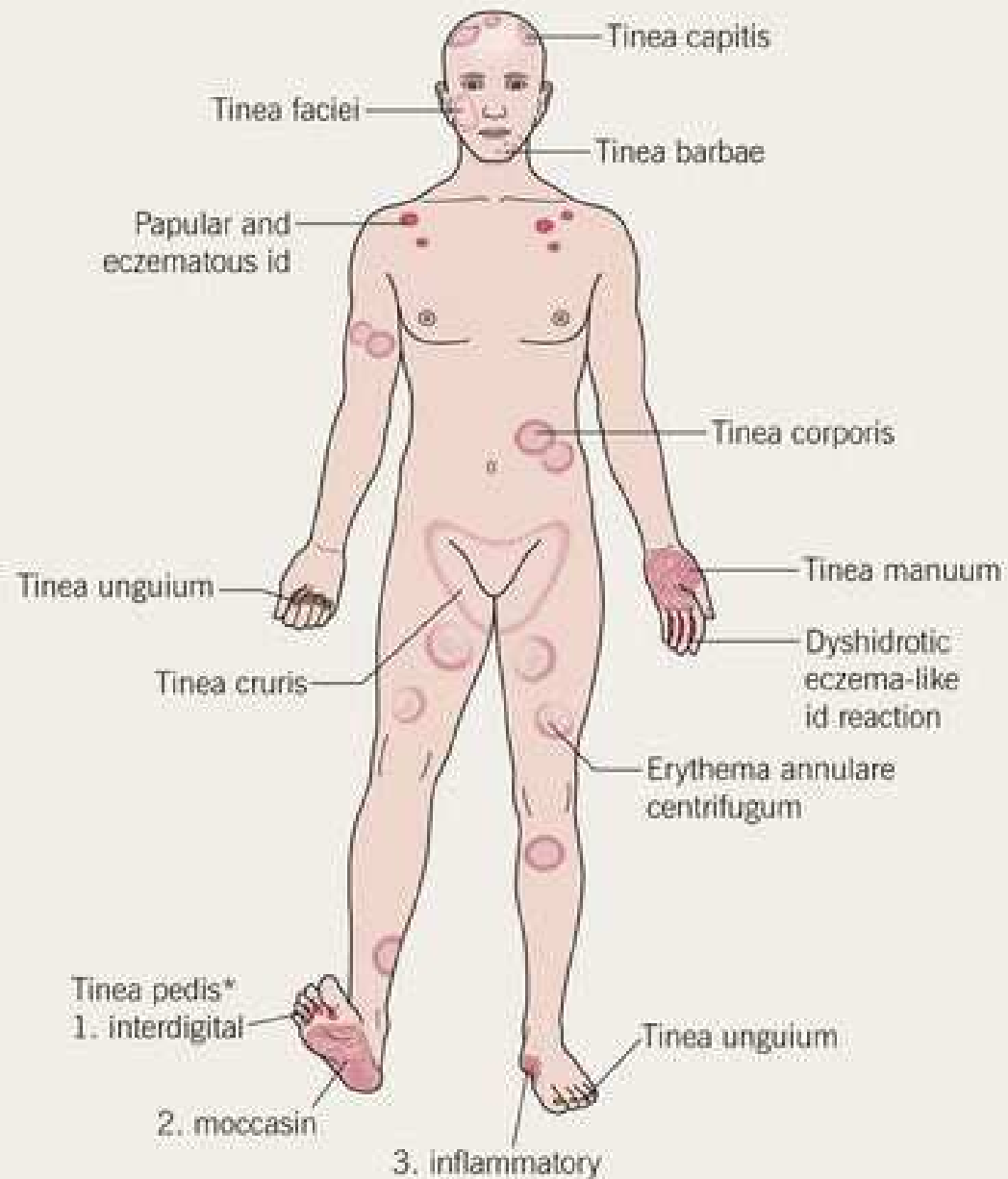
They can be classified into :

- **Dermatophyte (Tinea = ring worm)**
- **Yeast : 1- Candida**
2- Pitrosporium

The three genera are :

- **Microsporium**
- **Trichophyton**
- **Epidermophyton**

DERMATOPHYTE INFECTIONS OF THE SKIN AND POTENTIAL ASSOCIATED REACTIONS



Because multiple causative agents cause the same clinical pictures, so :

It is classified according the site of infection :

Tinea pedis (foot)

Tinea unguium (nails)

Tinea manuum (hand)

Tinea cruris (groin)

Tinea corporis (body)

Tinea capitis (scalp)

Tinea faciei (face)

Tinea barbae (beard)

Tinea capitis :

It is infection of the scalp , mainly children 5-15 years & can present clinically as:

1--- Non inflammatory :

- gray patch
- black dot appearance

2--- Inflammatory :

- Mild to moderate red scaly hair loss
- kerion (severe)

3--- favus

Wood's light examination of T. capitis :
it gives either :

1 --- non fluorescence

2 --- fluorescence :

Some of tinea capitis would give :
yellowish green fluorescence e.g.

all Microsporum species and T. schoenleinii
due to the presence of " pteridine " fluorescent
substance



Tinea capitis
(Ringworm of the scalp)

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Gray patch : (White scaly patch+ hair Loss)





Black dot appearance :



Scaly erythematous patch with hair loss



Kerion

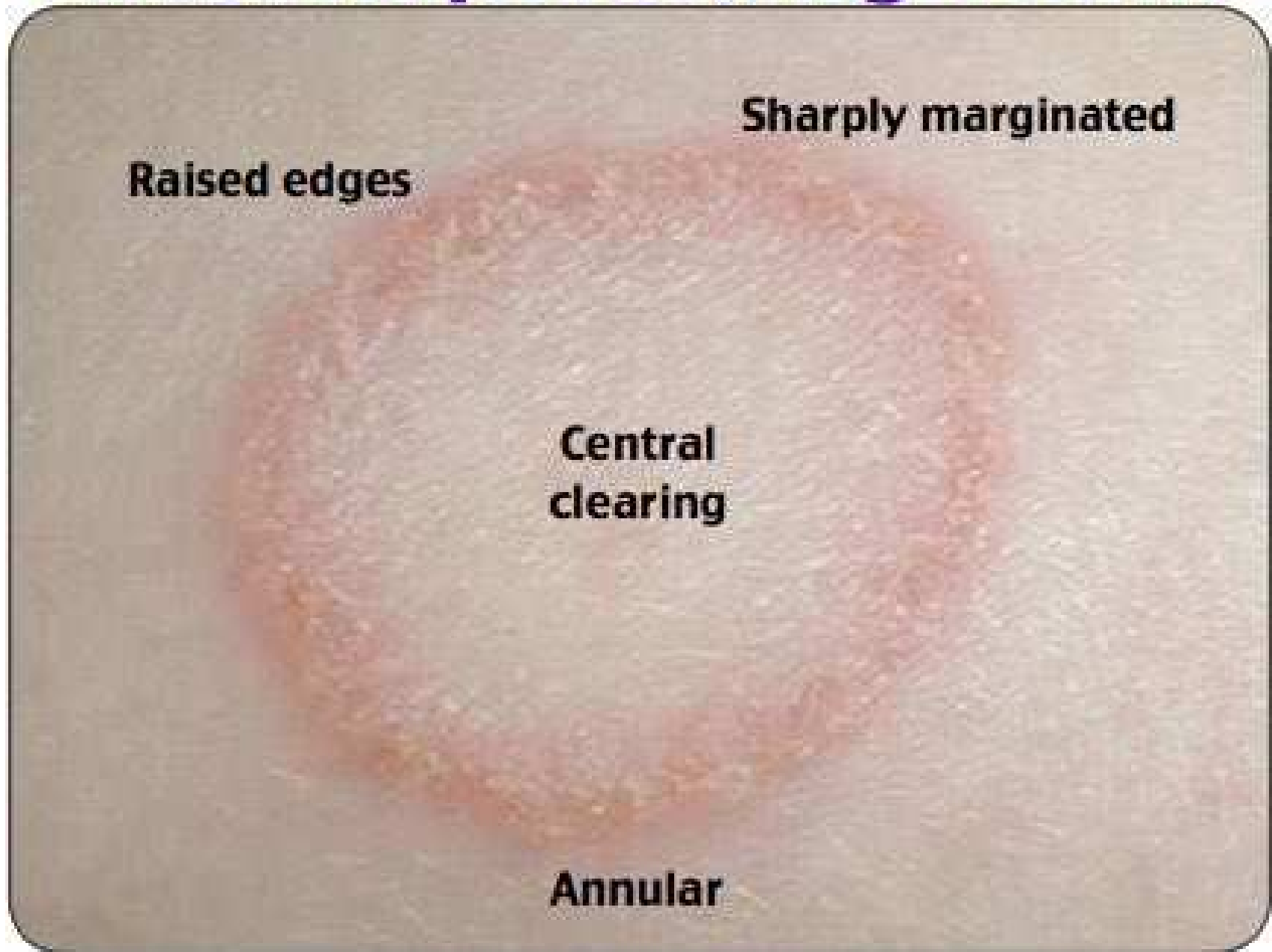


Tinea faciei

Tinea Corporis



Tinea corporis (ring worm)



Sharply marginated

Raised edges

**Central
clearing**

Annular



Tinea Corporis



Tinea Corporis



Tinea unguium





wiki How to Know if You Have Jock Itch

Tinea cruris



Tinea cruris

Tenia pedis





Tenia pedis

Yeast infection:

1- pityriasis versicolor

it is a common condition caused by yeast flora called pitrosporom orbiculare

C /P :- it affects adults & young people rarely children

- site : trunk , neck , and proximal parts of upper limbs**
- lesion : brown , reddish ,whitish scattered or confluent macules usually covered by very fine scale which can be apparent by streching the sides of lesion**
- usually asymtomatic**
- it not transmissible (non-infectious)**

Rx :

topical : selenium sulphide , imidazole (e.g. clotrimazole)

systemic : flucanazole , ketocanzole , itracanazole ,

2- Candidiasis:

this is due to Candida albicans which may affect the mouth , GIT, lower third of vagina in addition to the skin

Predisposing factors :

- 1- Age: very young babies, very old patients**
- 2- local tissue damage : e.g. due to maceration**
- 3- Endocrine problems : DM , Cushing's**
- 4- iron deficiency anemia**
- 5- depressed immune status : leukaemia , malignancy**
- 6- pregnancy or usage of CCP**
- 7- drug related : antibiotics , steroids , cytotoxics**

C/P:

- 1-Oral : oral thrush as white patches, or angular stomatitis or cheilitis**
- 2- Genital : as moist red lesions with white scale in penile or vulvovaginal areas**
- 3- nail : as chronic paronychia seen mainly in housewives due to chronic wetting as swelling of the nail folds
ddx: acute bacterial paronychia**
- 4- intertriginous candidiasis : as moist red patches surrounded by satellite papules**
- 5- Napkin candidiasis : seen in infants as moist red patches surrounded by satellite papules or pustules and the flexures are involved**
- 6- erosio interdigitalis : in the fingerwebs of the housewives mainly in the middle one due to wetting**

Brown fine scaly P.V.

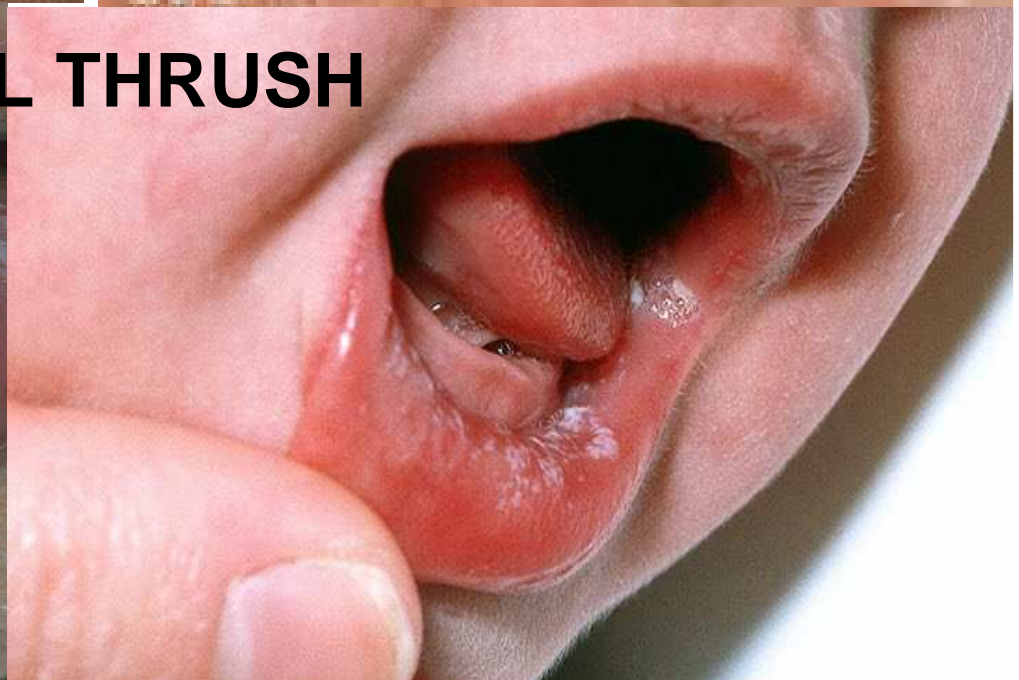


**Hypopigmented
P.V**





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ORAL THRUSH

DOIA
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chronic candidal paronychia



interdigital candidiasis





DOIA

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Treatment of fungal infections in general :

Systemic treatment : (main indications)

1- Tinea capitis

2- Tinea incognito (steroid modified Tinea)

3- Tinea unguium

4- widespread extensive lesions

5- Tinea of any hairy area

6- Tinea in immunocompromised patients

**Griseofulvin : common drug , fungistatic , only anti- dermatophyte ,
can be used in adults and children**

**Imidazole : broad spectrum against yeast and dermatophyte
e.g ketocanazole**

**Triazoles : broad spectrum against yeast and dermatophyte
e.g. Itraconazole ,Fluconazole**

**Allylamine: e.g. Terbinafine also it is broad spectrum,
it is safe in pregnancy**

Topical therapy:

- 1- Nystatin : only anti candidal agent**
- 2- whitefilds ointment : old fashioned Rx ointment**
- 3- azoles : e.g clotrimazole, ketocanazole cream , ..etc**
- 4- allyamine : terbinafine cream**

THANK YOU