



Medical Mycology

Lecture (4)

By

Dr. Zaid Shaker Naji

Tinea pedis(Athlete's Foot)

- Infections by anthropophilic dermatophytes are usually caused by the shedding of skin scales containing viable infectious hyphal elements [arthroconidia] of the fungus. Tinea pedis is a dermatophyte infection of the feet.
- Tinea pedis is the most common dermatophytosis because moisture from foot sweating facilitates fungal growth.

Tinea cruris (Jock Itch)

- Tinea cruris is a dermatophyte infection of the groin.
- The primary risk factors are associated with a moist environment (ie, warm weather, wet and restrictive clothing, obesity causing skin folds).
- Men are affected more than women
- infection occur more often during summer.

Tine aungium (dermatophyte onychomycosis)

- Onychomycosis refers to the invasion of the nail plate by a fungus.
- The infection may be due to dermatophyte a yeast, or non dermatophyte mold.



Clinical Manifestation

- To understand the clinical varieties of onychomycosis, it is important to review the anatomy of the fingernail and surrounding tissues
- This tissue starts about 5mm proximal to the nail fold and covers all the area called "lunula" or "half moon".
- the nail becomes variously disfigured and distorted

**onychomycosis is classified according to
the clinical appearance**

1. Distal subungual onychomycosis
(DSO)
2. Proximal subungual onychomycosis
(PSO)
3. White superficial onychomycosis
(WSO)

Tinea corporis (Body Ringworm)

- infection of the face, trunk, and extremities.
- Common causes are *T. rubrum*, and *M. canis*.
- Tinea corporis causes pink-to-red



Tinea Barbae (Barber's Itch)

- Tinea barbae is a dermatophyte infection of the beard area most often caused by Trichophyton



- Tinea barbae infection can result to hair loss.

Tinea capitis (Scalp Ringworm)

Three types of in vivo hair invasion are recognized:

1. Ectothrix on the outside of the hair shaft.
infected hairs usually fluoresce a bright greenish yellow color
2. Endothrix within the hair shaft only.
infected hairs do not fluoresce
3. Favus produces favus-like crusts and corresponding hair loss.

Infection	Recommended
Tinea unguium [Onychomycosis]	Terbinafine 250 mg/day 6 weeks for finger nails, 12 weeks for toe nails.
Tinea capitis	Griseofulvin 500mg/day [not less than 10 mg/kg/day] until cure [6-8 weeks].
Tinea corporis	Griseofulvin 500 mg/day until cure [4-6 weeks], often combined with a topical imidazole agent.
Tinea cruris	Griseofulvin 500 mg/day until cure [4-6 weeks].
Tinea pedis	Griseofulvin 500mg/day until cure [4-6 weeks].

انتهت المحاضرة

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