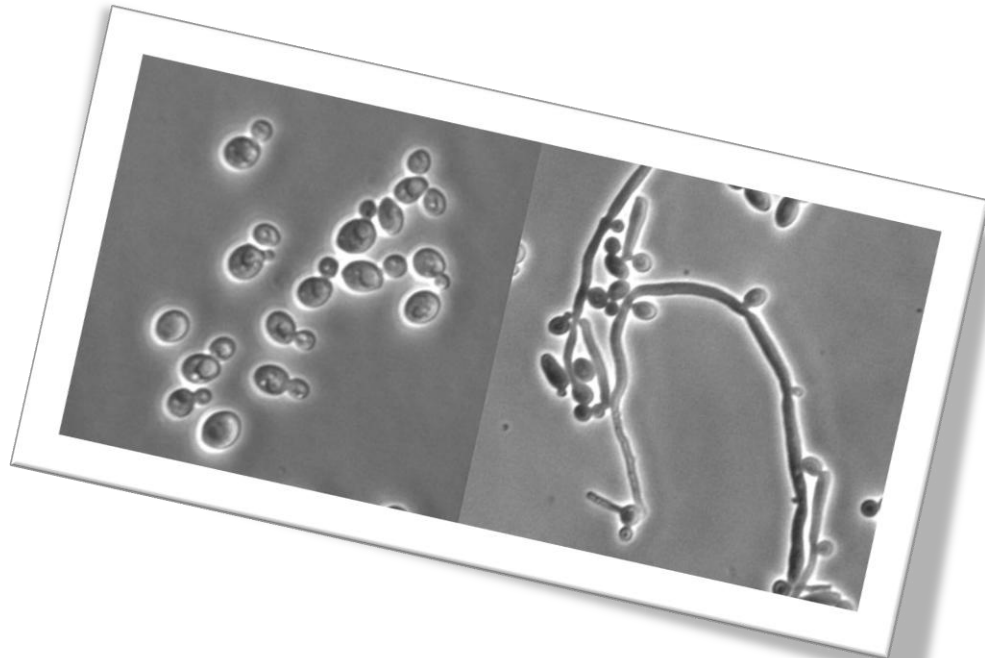




Objectives

OBJECTIVES

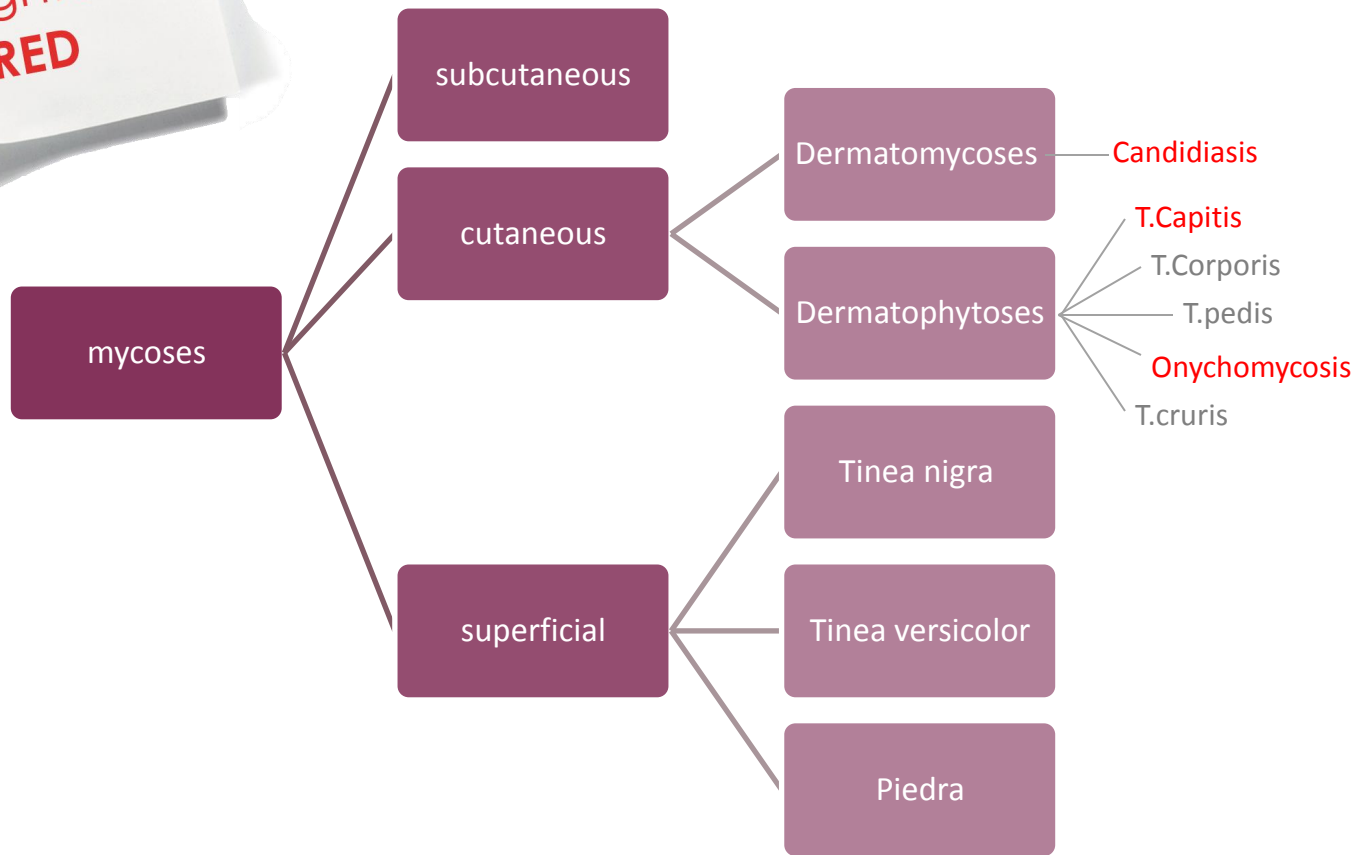
No learning objectives for this lecture.



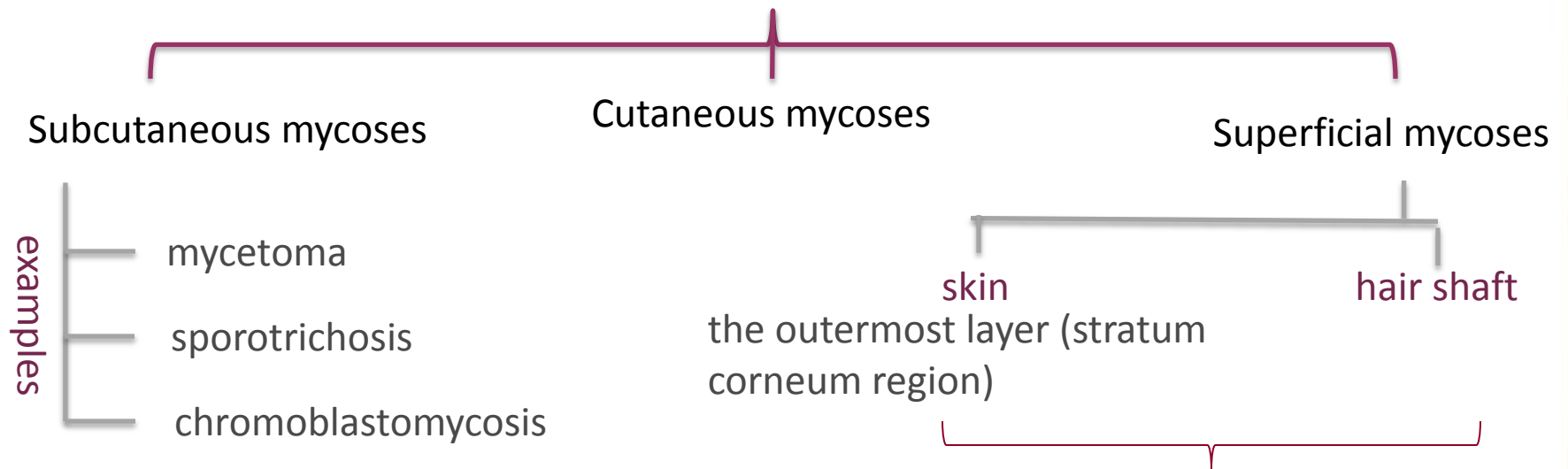
Mind map

(Fungal skin infections)

important things are highlighted in **RED**



Skin fungal infections



usually don't provoke the immune system



Superficial mycoses

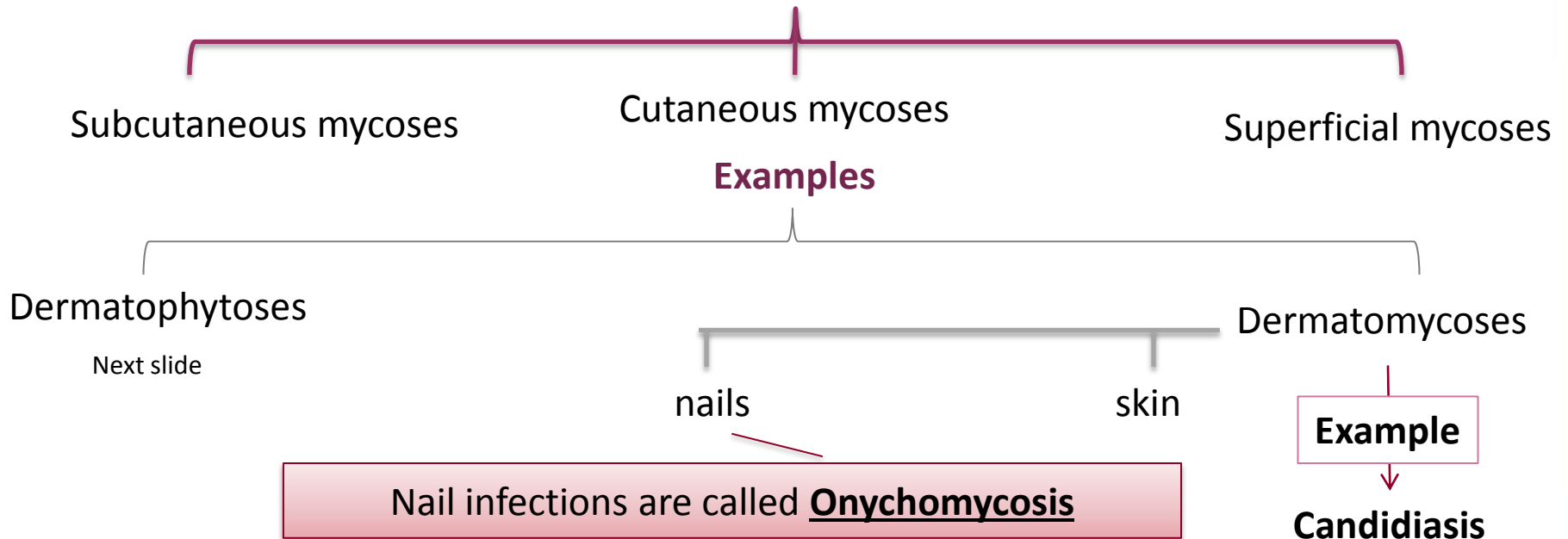
infection	Description	Diagnoses
<p>Tinea versicolor (chronic infection)</p>	<ul style="list-style-type: none"> Asymptomatic Common in: back, underarms, upper arms, chest, & neck Discolored skin patches (don't darken in sun) 	<ul style="list-style-type: none"> Skin scraping KOH Fragment of hyphae and yeast "Spaghetti and meatballs appearance" Culture (SDA medium) (<u>oil is added</u>)
<p>Tinea nigra</p>	<ul style="list-style-type: none"> Painless dark patches. Common in: Palm of hand or sole of foot. Found in soil. 	<ul style="list-style-type: none"> Skin scraping KOH "show brown septate hyphae" Culture (<u>SDA</u>)
<p>Piedra</p>	<ul style="list-style-type: none"> Asymptomatic Infect hair shaft 	<ul style="list-style-type: none"> Hair with nodules KOH Culture (<u>SDA</u>)

Treatment of Superficial mycoses:

- 1. chemicals:** salicylic acid, sulfur ointments, Ketoconazole
- 2. Antifungal agents:** topical or systemic.
- 3. For piedra,** Cutting or shaving the hair

Swabbing is not a proper diagnosis

Skin fungal infections



Description of candidiasis	etiology	Treatment
<ul style="list-style-type: none"> red pustule. Common as: intertrigo (in skin folds), diaper dermatitis, Oral thrush, Vaginal (female), candidal balanitis (male) and nail infections. 	<p>Candida species → <u>Candida albicans</u></p> <ul style="list-style-type: none"> Normal flora in (oral cavity, gut, skin) Occurs in moist areas 	<ul style="list-style-type: none"> Keep clean and dry Azoles (topically (co-administration of a weak topical steroid may be helpful) Treat co-existent bacterial infection if present.

Caused by
dermatophytes

Dermatophytoses

Accrues in
Keratinized tissues

Contagious primary pathogens.
(filamentous fungi)

From animals to humans

From human to human (familial cross infection)

From one area of the person's body to another area

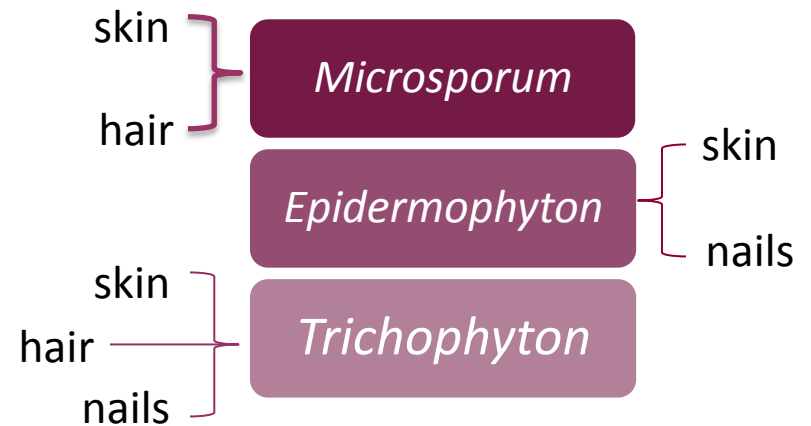
Called "Tinea" or "Ringworm" (have ring-like appearance)

Classified according to

Type of keratin utilization

Place of infection

Species	Keratin-utilizing
Geophilic	soil saprophytes
Zoophilic	On hosts - living animals
Anthropo- -philic	On hosts - humans



Dermatophytoses “examples”

Infection	Place	Description	diagnosis
Tinea Capitis	scalp	Presentations: 1-Non-inflammatory black dots 2-Pustular 3-Inflammatory complications: kerion or favus.	1-History 2-morphology 3-Wood lamps 4-Hair shaft exam 5- KOH <u>مهم جدا في التشخيص</u> Skin, hair or nails should take 6-24 hours (difficult to see fungi) 6- culture “SDA or DMT”
Onychomycosis	nail	<ul style="list-style-type: none"> ▪ Thickening, Discoloration ▪ Nail bed hyperkeratosis 	
Tinea Corporis	Glabrous skin	<ul style="list-style-type: none"> • Erythematous (redness) • Ringworm appearance • crusting 	
Tinea pedis (Athlete’s foot)	foot	-----	
Tinea cruris	groin	-----	

Treatment of Dermatophytoses:

- | | | |
|-----------------|-----------------|----------|
| 1. Griseofulvin | 3. Miconazole | } azoles |
| 2. Terbinafine | 4. Clotrimazole | |

Note:

For tinea capitis (treatment should continue for 2 weeks after no visual evidence)