

2nd International Conference on

MYCOLOGY & MUSHROOMS

September 25-26, 2017 Chicago, USA

Extensive Tinea corporis and Tinea corporis et cruris due to *Trichophyton interdigitale*

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Dermatophyte infections are prevalent all over the world and more common in countries with hot and humid climate. Recently, extensive and atypical dermatophytoses is being reported in Western U.P., India. Potent steroids like clobetasole propionate is being mixed with topical antifungal agents and antibiotics. Moreover, such unethical combination can be procured very easily by the patients. Applying such topical preparations for the treatment of dermatophytoses, without any oral antifungal agents can result in extensive lesions and also fungal resistance. Any species of the genus *Trichophyton*, *Epidermophyton* and *Microsporum*, can cause dermatophytoses. A study was carried out in the tertiary care center by the Department of Dermatology and Microbiology during the period starting from October 2016 to April 2017. A total of 158 patients were consented. Any patient with tinea corporis and KOH and/or culture positive was enrolled in the study. A detailed history was taken. Samples were collected after cleaning the part with 70% alcohol and all KOH positive or negative samples were inoculated on Sabouraud's Dextrose Agar supplemented with Chloramphenicol and Cycloheximide. The culture plates were incubated at 25°C for four weeks. Lacto Phenol Cotton Blue mounts were prepared to study the microscopic structures in details. Other tests like urease, in vitro hair perforation tests were also set up to differentiate *Trichophyton interdigitale* from *Trichophyton rubrum*. A total of 155(98.10%) patients were KOH positive and 158(100%) were culture positive. We isolated only *Trichophyton interdigitale* from all our patients. None of the patients was HIV positive, 6 patients (4%) had diabetes. About 70% of the patients gave history of using various combinations of antifungal, antibiotic and topical steroid combinations and about 10% used pure steroid creams. Topical steroid lowers the local immunity and contribute to the extensive and atypical lesions. Dermatophytoses has acquired epidemic proportions in this region of western UP. Misuse of unregulated combinations of steroid is rampant in this region.

Biography

Kalsi Avneet Singh is an eminent physician who obtained his MBBS degree from Chaudhary Charan Singh University, Meerut, a premier university in India. He obtained his Diploma in Dermatology (Alternative Medicines) degree and Bachelors of Alternative System of Medicines degree from Indian Board of Alternative Medicines. He is an active participant in various CMEs both at National as well as International level. He has been the co-author of manuscript titled "Clinical manifestations of Tinea faciei and Tinea genitalis and their diagnostic challenges", which has been submitted for publication in Indian Journal of Dermatology, Venereology, and Leprology, India. He has been awarded with the prestigious "Health Excellence Award" by Indian Board of Alternative Medicines, Kolkata, India.

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