DERMATOPHYTE INFECTIONS

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What is Dermatophyte infection?
- How does the infection spread?
- What are the predisposing factors for development of Dermatophyte infection?
- How does Dermatophyte infection appear? Which areas of the body are affected?
- What should one do if he/she gets Dermatophyte infections?
- Are there any laboratory tests to diagnose Dermatophytoses?
- What is the treatment for Dermatophytoses?
- Are there any side effects of treatment?
- Can Dermatophytoses recur?
- What are the self-care measures to prevent Dermatophyte infection and recurrences?

Do’s and Don’t’s

Do’s
- Take and apply your medicines regularly and for the adequate duration.
- The topical antifungal needs to be applied on the entire affected are plus two centimeters outside on the normal skin.
- Take bath after activities which result in excessive sweating.
- Pat yourself dry carefully after taking bath.

Don’ts
- Don’t self-medicate.
- Do not buy creams OTC/on the recommendation of chemists/neighbours/friends/family members. It is advisable to see a dermatologist for skin issues.
- Don’t use steroid containing cream, it is poison for your skin.
- Don’t share your towel, use public bath, clothing with others.

9. Can Dermatophytoses recur?
- Yes, Dermatophytoses can recur. Various factors can contribute to recurrences-inadequate treatment, improper adherence to treatment, improper or inadequate treatment of close contacts or family members, resistance to antifungal drugs, use of topical steroid antifungals and self medication.

10. What are the self-care measures to prevent Dermatophyte infection and recurrences?
- Few simple measures can be adopted to prevent the infections and recurrences.

Disclaimer:
This leaflet is only for general patient information and is not intended for self-medication. There is no legal liability of IADVL arising out of any adverse consequences to the patient subsequent to its use for self-treatment of the disease. Images are just for the depiction of the condition and are not to be used for any other purpose.

Web link to Patient Information Leaflet: www.iadvl.org / patient information leaflet
Dermatophyte infection is a superficial fungal infection of skin, hair and nails. It is also known as ringworm. In Hindi it is termed as Daad and in Marathi it is termed as Gachkaran.

Ringworm occurs when a person gets infected with Dermatophytes which is a superficial fungus. This fungus lives off human keratin and that is why the infection can occur on the skin, hair and nails.

Dermatophyte infection is transmitted by direct skin contact with infected person and by sharing objects of daily use (fomites).

Dermatophyte infection is more common in tropical climate. High temperature, humidity and occlusive atmosphere predisposes to development of Dermatophytosis.

Certain diseases like diabetes mellitus, HIV infection or patients taking steroids or anticancer drugs are high risk for development of Dermatophytosis.

Poor hygiene, increased sweating, self-medication or use of topical steroids, steroid-antifungal combinations, infection in family members are contributory factors.

Dermatophyte infection presents with severe itching and skin lesions in the form of circular red areas with raised border and central clearing. The infection clears in the centre and extends towards the periphery.

The folds of the body are the most common sites affected, especially the groins (hence termed jock itch), the armpits, areas below the breasts. The infection can extend onto the abdomen, buttocks and thighs.

The palms, soles, web spaces of fingers and toes may present with itchy and scaly lesions.

Nails may be infected and act as a source for recurrent Dermatophytosis. The nails may show discolouration or total damage of the nail plate can be seen. Toe nail infections are common in elderly and diabetic patients.

Hair infection and appears as scaly patches with loss of hair or severe infections with pus filled lesions may be seen. Hair involvement is common in children.

Consult a dermatologist since it can be easily diagnosed by the presence of itching clinical appearance of the lesions.

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Diagnosis is usually done by dermatologist based on clinical features. If needed, scrapings from the skin or clippings of the nail and hair can be subjected to laboratory tests to confirm the diagnosis and identify the causative fungus by microscopy and culture.

Various topical and systemic antifungals are available for treatment.

Topical antifungal agents include terbinafine clotrimazole, miconazole, eberconazole, luliconazole, ketoconazole etc.

Oral antifungals include agents such as fluconazole, itraconazole, terbinafine and griseofulvin. Oral antihistaminics such as cetirizine, levocetirizine are also prescribed to reduce the itching.

Dose, duration and type of medicine is decided by the dermatologist based on severity of the disease, and presence of other diseases such as kidney/liver disease, pregnancy as it can alter the choice of medicine.

Topical steroid-antifungal combinations are commonly over the counter prescriptions used as self-medication due to the instant relief.