

Dermatophytes (Ringworm)

Caused by three genera

i) Trichophyton ii) Microsporum iii) Epidemophyton

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ii) Microsporum

iii) Epidemophyton

- Geophilic - Soil Zoophilic - Animal

- Arthropophilic - Human

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i) Tinea Capitis (Scalp) ii) Tinea Corporis (Body)

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iii) Tinea Cruris (Crotch) iv) Tinea Pedis (Feet) v) Tinea Manuum (Hand)

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vii) Tinea Barbae (Beard) viii) Tinea Cruris (Crotch)

viii) Tinea Faciale (Face) ix) Tinea Barbae (Beard) x) Tinea Cruris (Crotch)

① Tinea Capitis

- Infection of scalp hair and skin.

- Prepubertal age group

- Spreads by direct contact - by humans.

i) Grey Patch Type - Circular scaly patches of alopecia. Circumference under woods light

ii) Tylammatory (Knotion)

pairful inflammatory marks along hair

swelling with crusting, oozing of pus and

matting of adjacent hairs

iii) Black Dot Type:

black dot appearance due to breaking of affected hair.

iv) Favus: yellowish crusts

i) Tinea Corporis:

- It should always a diagnosis for the erythematous lesion.
- appear in trunks, legs and arms.
- lesions are Annual. Erythematous, scaly and well delineated edge with central clearing.
- Bright red stroids may centre the extent of disease (Tinea incognita).

ii) Tinea Cruris:

- In the axilla, often interdigitally folded.
- Bilateral and unsymmetrical.
- prevention by keeping the area dry and avoid synthetic undergarments.

iii) Tinea Pedis (Athlete's foot):

- In between the toes.
- scaling, fissuring & maceration occur.
- shiny common bathing & showers.
- cotton socks & occlusive foot wear.

iv) Tinea Manuum:

- affection of palms.

Associated with tinea pedis.

v) Tinea Faciale: heraldic face.

- involvement of beard hair.
- curving and early pluckability of hair.

vi) Tinea Ungium:

- Infection of nails. Discoloration, thickened and friable.
- onycholysis, separation from digital end.

- Onchomycosis is caused for the infection by dermatophytes, non-dermatophytes and yeasts.

60% of nail diseases

ix) *Tinea verrucosa* (Different shape of lesions):

- It is a superficial skin condition caused by species of *Mollusca*: mainly *polymorph*.
- It is usually seen in immunocompetent people. (spaghetti and meatball appearance)
- Usually warmer, humid climates.
- Scaly, oval, hypopigmented lesions.
- Hypopigmentation is more after sun exposure.

x) *Candidiasis*

Caused by *Candida albicans*.

Normal commensal of skin, oral cavity & GI.

Under immunocompromise, it causes disease.

- Oropharyngeal can be divided into:

① Pseudomembranous (Visible through) - Seen in

nasal mucosa, tongue, tonzils, Calico.

dysphagia. Clinically in HIV patient.

② Athrophic -

- Red lesion on the dorsum of tongue.

- Shiny and restricted movement.

③ Hypoplastic (Leukoplakia).

- Malignant condition.

- Lesion cannot be removed like oral thrush.

- Sticks firmly.

vulvo vaginal, Balanoposthitis. Cultured.