

Superficial Mycoses

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Summary

Superficial mycoses involve three main types of skin infections:

- Dermatophytoses
- Candidiases (superficial forms)
- Malassezia infections

Dermatophytoses: Refers to infections of keratinised tissues of human body (skin, hair and nails) due to a group of related filamentous fungi, the dermatophytes.

There are three genera of dermatophytes: *Tricophyton*, *Microsporum* and *Epidermophyton*, about 10 species are common causes of human infection.

These fungi are termed geophilic, zoophilic or antropophilic, depending upon whether their normal habitat is the soil, animals or man. Their natural reservoirs have important epidemiological implications.

The clinical presentation of these infections depends of several factors, including: the site of infection, the immunological response of the host and the species of the fungi.

These infections often present with characteristic lesions, but can be difficult to diagnose and mistaken with other cutaneous disorders. In these cases laboratory investigation is essential for correct diagnosis and management.

Treatment is topical, systemic or a combination of both. The more used antifungals are griseofulvin (the "gold standard" in tinea capitis), the azoles (itraconazole and fluconazole) and allylamines. Topical therapy is used as the sole therapy in the limited forms of the infection and whenever the hair or nails are not involved. They are important as adjuvant of systemic therapy. Ciclopirox, an Amorolphine nail lacquer formulation, are useful in treatment of onychomycosis. Also several different measures are important in the prevention of recidives and reinfection.

Candidiasis (or Candidosis) refers to a group of infections caused by yeasts of the genus *Candida*. *Candida albicans* accounts for 70 to 80% of all *Candida* infections.

The infections of skin, nails and oral mucous membranes will be referred in this presentation.

C. albicans is often found as a saprophyte and colonizes the mucous membranes and, rarely, the skin. There are well known identified predisposing factors to the infection.

Clinical manifestations can be divided into several syndromes, namely: oral, cutaneous candidiasis and onychomycosis.

Laboratory findings are needed to diagnose infection definitely.

In the therapy of these infections are used: nystatin suspension, topical terbinafine and the azoles either topical or systemic.

Malassezia infections are caused by species of lipophilic yeasts.

Several cutaneous diseases are related to this yeast, but only in Pityriasis versicolor the etiologic role of the fungi is fully accepted.

P versicolor is an opportunistic infection of the skin, that is common and benign, frequently asymptomatic, with tendency to recur. Clinical presentation includes macules hypo or hyperpigmented in the chest and proximal extremities with a characteristic furfuraceous scale.

Microscopic examination of the skin scales is patognomonic.

Topical treatment using azoles or terbinafine is effective except in patients with extensive disease. In these cases the use of oral azoles (itraconazole and fluconazole) is indicated.

Recommended reading

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