

ROLE AND ORGANISATION OF MYCOLOGY SECTION*

By

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Concerning the necessity of a mycology section in the department of dermatology, I would like to make a few remarks, without however, going into statistical details.

As is well known, Sabouraud originally bridged the gap between mycology and dermatology. Since then, mycology has had an important place in the field of dermatology. The recent establishment of "The International Society of Human and Animal Mycology" which, of course, includes mycology in the field of dermatology, shows the growing importance of medical mycology. Further evidence of this importance is seen in the facts that a mycology section was included in the programme of the International Congress of Dermatology at Stockholm in 1957 and that a symposium on mycology is included in the International Congress at Washington this year.

In practice also, the dermatological clinic provides frequent evidence of the importance of mycology. Concerning the necessity of mycology as seen in the practical field, I would like to mention four points.

First, according to our experience, it would seem that cases of dermatomycoses are increasing rather than decreasing. I would like to stress the point that this tendency exists despite the availability of modern therapeutic measures against dermatomycoses due to some fungi which have usually been regarded as nonpathogenic, such as *Mucor*, *Cephalosporium* etc. As the geographical distribution of fungi indicates, the species of dermatophytes vary in different areas. Also, the species vary according to different ages. For example, cases of dermatomycoses due to *Trichophyton rubrum* are tending to increase in Japan at present, while there is a *Trichophyton ferrugineum* and *Trichophyton violaceum*.

Secondly, it should be borne in mind that it is not always easy to make a clinical diagnosis of dermatomycoses only from the morphological point of view. There are several reasons for this. For example, (1) Dermatomycoses show various types of feature, frequently resulting in close resemblance to skin manifestations due to other etiologies. (2) Also, variations in this feature are caused by an unhygienic mode of life, unsuitable modern therapeutic irritation, etc. (3) Moreover, cases of association of eczema or dermatitis with dermatophytic infection are tending to increase. In all these cases, it is often very difficult to make a clinical diagnosis. To make a diagnosis of these dermatomycoses, we must depend on mycological and comparative pathological investigation.

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Thirdly, we must consider the therapy of dermatomycoses. There is now no question of the effectiveness of a new antibiotic, namely griseofulvin, in some, but not all, cases. I consider that critical follow up of cases of griseofulvin therapy is needed at the present time. For example, at our clinic from 1959 to 1961 critical follow up of cases of tinea treated by griseofulvin showed that in some cases tinea-lesion reoccurred at almost the exact site where the tinea had first appeared. In some of these cases, the length of time needed for griseofulvin therapy was approximately the same in each of the 3 years. However, other cases proved more difficult to heal, and a greater length of time was necessary for therapy in each succeeding year. In practice, I have not yet met species of dermatophytes resistant to griseofulvin. However, it is quite possible that the problems of fungi resistant to this therapy may be met in the future. Also, in connection with this therapy, the importance of the immunologic aspect of dermatomycoses must be stressed.

Fourth, the best therapy of dermatomycoses lies, of course, in protecting people from fungus infection. For this purpose, there is need for systematic research concerning the source of fungus infection and the environmental factors of the infection. Together with this research, epidemiologic investigation must be carried out.

Because of the four points I have just mentioned, I consider that two things are very necessary—namely, mycological education on the part of dermatologists, and close co-operation between dermatologists and mycologists. Thank you.
