

DERMATOMYCOSES IN HYDERABAD AREA

By

P. NAGABHUSHANAM,* D. TIRUMALARAO** & RAGHUNATHA PATNAIK***

INTRODUCTION

Tinea infections of skin and its appendages are of common occurrence especially in the tropical countries. Various names have been given to mycotic diseases, due to the fact that one and the same infection can sometimes present different clinical features, and that clinically similar mycotic infection may be caused by different fungi. Although the prevalence of dermatomycoses in this country has long been recognised, it is only in the last few years that systematic study has been undertaken. A review of the available literature on this subject suggests that there is no comprehensive information regarding the incidence of fungal infection in Andhra Pradesh except for the work of Govindan Nair (1942) and Vasu (1966). The incidence of mycotic infections in Hyderabad area, to our knowledge has not so far been reported. In the absence of planned epidemiological studies, we thought it is worth-while to publish the incidence of different types and species of fungal infections of patients who attended Gandhi Hospital, Secunderabad during the year 1968.

MATERIAL AND METHODS

In the present study, cases of suspected tinea infection were subjected to mycological examination.

After proper sterilization of the lesions with 75% alcohol, the scrapings were collected on a slide for KOH examination to trace the presence of the fungal elements. Such of those cases which were not treated previously were subjected to cultural studies by direct inoculation of scrapings, to standard Sab. Dex Agar+Chloromphemicol media.

RESULTS AND DISCUSSION

TABLE-I.

Total attendance in skin O. P. D.	12830
Total No. of fungal infections	1080
Percent of fungus infections	8.4

Table I shows that there were 1080 cases of fungal infections out of total attendance of 12,830 in 1968, thus giving the incidence of 8.4 percent. The incidence of tinea infection in Hyderabad is in conformity with some of the reports published (A. K. Benerjee, Ahalyarao, and A. N. Charkravathy, 1962).

*Professor of Dermatology, **Professor of Microbiology, ***Asst. Prof. of Dermatology, Gandhi Medical College, Hyderabad A. P.

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TABLE-II.

Clinical types	0-10 years	11-20 years	21-50 years	Above 50 yrs	Total
Tinea Corporis	52	152	234	10	448
Tinea Versicolor	8	99	80	5	192
Tinea Cruris	6	60	116	2	184
Tinea Pedis	25	40	44	Nil	109
Tinea Capitis	26	5	1	Nil	32
Tinea Manus	2	10	17	Nil	29
Tinea Unguim	3	7	9	Nil	22
Tinea Barbae	Nil	Nil	7	Nil	7
Monilial	4	7	46	Nil	57
Total..	126	380	554	20	1080
Percent	11.7	35.2	51.2	1.8	

Table II shows the incidence of mycotic infections as per age distribution. It appears to be common, between the ages of 21 to 50 years (51.2%) followed by age group between 11 to 20 years (35.2%). The age incidence is in conformity with the reports of Vasu. (1966).

TABLE-III.

Types	Males		Females		Total	
	Total	%	Total	%	Total	%
Tinea Corporis	262	24.2	186	17.2	448	41.5
Tinea Versicolor	147	13.6	45	4.1	192	17.7
Tinea Cruris	170	15.7	14	1.3	184	17
Tinea Pedis	58	5.1	51	4.7	109	10.1
Tinea Capitis	20	1.8	12	1.1	32	2
Tinea Manus	18	1.7	11	1	29	2.7
Tinea Unguim	14	1.3	8	0.7	22	2
Tinea Barbae	7	0.7	Nil	Nil	7	0.6
Monilial Intertrigo	8	0.7	23	2.1	31	2.9
Monilial Paronychia	8	0.7	18	1.7	26	2.4
Total	712	66	368	34	1080	

Table III shows the various types of tinea infections, in males, and females. It shows, that tinea infection in males is more than in females, which is in conformity with some of the reports published already (Vasu, 1966). The incidence of the

various types of tinea also is in conformity with some of the reports published where *T. corporis* is the predominant and commonest clinical type (Kandhari and Sethi, 1964; Kalra et al, 1969; Gupta and Shome, 1959; Vasu, 1966). The incidence of *Tinea Versicolor* (17.7%) is also high. The incidence of *T. Capitis* (32 cases) amounting to 3% is rather too high, when compared to other workers, and also to our experience in other parts of Andhra Pradesh. This may probably be due to predominant muslim community in Hyderabad who wear caps.

TABLE IV

	T. Cor- poris.	T. Cru- ris.	T. Capi- tis.	T. Unguim.	Total.
Tr. Rubrum	18	16	3	—	37
Tr. Violaceum.	10	—	2	—	12
Tr. tonsurans.	2	—	3	—	5
Tr. verrucosum.	2	—	—	1	3
Tr. mentagrophytes.	1	—	—	1	2
Tr. ferrugineum.	—	1	1	—	2
Tr. Gypsum.	—	1	—	—	1
Tr. Concentricum.	1	—	—	—	1
Eq. floccosum.	1	2	—	—	3
Candida-albicans.	—	1	—	4	5
C. tropicalis.	—	—	—	1	1
Total	35	21	9	7	72

The total number of 159 cases, where no treatment was given previously, were put up, for culture. Growth of culture and identification of species was done in seventy two cases. Species in each type of *Tinea* infections were given in Table IV. *Tr. rubrum* was found to be by far the commonest species found in *T. Corporis* and *T. Cruris*. This is in conformity with the observation in other parts of the country (Ahalyarao, 1962; Kandhari and Sethi, 1964; Kalra et al 1964; & Vasu, 1966). The incidence of *Tr. violaceum* in *T. Corporis* appears to be high. A rare species of *Tr. Concentricum* has been isolated from a case of *T. Corporis*.

SUMMARY

A clinical study of 1080 cases of *Tinea*, that attended skin O. P. D. of Gandhi Hospital, Secunderabad during 1968 was done. The incidence of *tinea* infections were 8.4 percent. The commonest type observed was *T. Corporis* (41.5%). The fungus infection was observed more in males. (66%). The incidence of dermatomycosis was more common in 11 to 50 years age group. The commonest species isolated

was *Tr. rubrum*. A rare species *Tr. concentricum* was isolated from a case of *T. Corporis*. An unusually high incidence of *T. Capitis* (3%) was also observed in Hyderabad. ✓

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