'Trichophyton indotineae' is an inaccurate and pejorative term

While India and increasingly many other nations across the world grapple with the rise in recalcitrant dermatophytic skin infections¹⁻³, another pressing concern that has risen out of this situation is the inappropriate naming of the novel species as *Trichophyton* (*T.*) *indotineae*. The region-specific nomenclature prejudicially impacts the perceptions of clinicians and public alike, ignoring the exhortations of World Health Organisation (WHO), American Society of Microbiology and others.⁴

The species name *T. indotineae* was introduced based on isolates from just two patients, one Indian and one Nepalese, in whom the isolated fungus had previously been identified as *Trichophyton mentagrophytes* Internal Transcribed Spacer (ITS) genotype VIII/*T. interdigitale.*⁵ This term has recently become a subject of much debate, especially amongst dermatologists from the Indian subcontinent.^{6,7} The two notable concerns include the pejorative connotation of the term '*indotineae*' and the lack of background information of its origin, as well as of the previously prevalent terms used to describe it in the past few years in the said article.

Naming newly described pathogens or diseases after locations/countries has been unfortunately quite common in the past. Examples abound, including Spanish flu, Delhi boil, Madura foot, West Nile virus, New Delhi metallo-betalactamase-1-producing Enterobacteriaceae, etc.8 Such names may conceivably have been helpful a few decades ago, but in today's hyper-connected world, these convey little meaning and are arguably harmful. In most cases, they have been proven to be demonstrably incorrect and often lead to considerable misinformation, stigma, and racial prejudice. This can ultimately harm science by politicising it and tarnish whole countries or regions and their populations for no fault of theirs, especially when their origin is unclear. In a landmark and welcome decision, scientists attending the International Botanical Congress in Madrid in July 2024 have proposed a change of names for more than 200 plants, fungi, and algae species that have a common word with a negative racial connotation. They also voted to create a committee to deal with the ethics of names for newly described plants, fungi, and algae.⁹ As mentioned earlier, the American Society for Microbiology and the WHO have also highlighted the detrimental effects of such naming conventions and have urged scientists to move towards names based on scientific characteristics rather than geography.^{4,10}

In fact, it is inappropriate to name the species T. indotineae because the origin of this dermatophyte species is currently unknown. Strains now referred to as T. indotineae had been detected not just in India but also in other countries like Australia, Oman, and Iran much before the epidemic-like situation of multidrug resistant, often extensive tinea started generating interest in the mid-2010s.11 Currently, not just India but countries like Bangladesh, Nepal, Sri Lanka, United Arab Emirates, Iraq, Iran, etc., are also battling chronic, treatmentresistant, often extensive dermatophytosis.^{12,13} Uhrlaß et al.¹⁴ in 2022 have provided a comprehensive overview of the global spread and impact of T. indotineae identified in over 30 countries across the globe making it a potential public health concern due to its easy transmissibility and phenomenal rise in migration and travel. This species has currently been detected in 42 countries, a fact that argues against the accuracy of the term in the current context too [Figure 1 and Supplementary table]. Süß et al.15 with co-authors of this article too have used a similar term with a negative connotation like 'Indian genotype' in the past to describe T. mentagrophytes ITS genotype VIII. However, they too have discontinued using the name India/Indian after having been pointed out the geopolitical implications and the potential for stigmatisation, even if inadvertently. Resentment against the term indotineae has been more palpable in the past 2-3 years as the number of countries reporting T. indotineae, aka, T. mentagrophytes ITS genotype VIII, is steadily rising.

A brief review of the origin and previous names used to describe the new species would be expected to be the norm when the new term, a new species in this case, has clinical implications. The glaring absence of this information while describing *T. indotineae* would potentially confuse clinical

How to cite this article: Verma SB, Khurana A, Bosshard PP, Kargl A, Singal A, Saraswat A, *et al. 'Trichophyton indotineae'* is an inaccurate and pejorative term. Indian J Dermatol Venereol Leprol. 2025;91:277-80. doi: 10.25259/IJDVL 1793 2024

Received: November, 2024 Accepted: December, 2024 Epub Ahead of Print: January, 2025 Published: February, 2025 DOI: 10.25259/IJDVL_1793_2024 PMID: 39912159 Supplementary available on: https://doi.org/10.25259/IJDVL_1793_2024

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.



Figure 1: T.metagrohytes ITS genotype VIII/T. Indotineae.

dermatologists around the world who are not expected to appreciate microbiological nuances of pathogens and their taxonomy. Since they would form the majority of the personnel handling dermatophytosis resulting from infection with this particular pathogen, not mentioning T. mentagrophytes ITS genotype VIII, a term in use before the introduction of T. indotineae, is an unfortunate oversight. Some of the co-authors have been inclined to call this oversight an act of 'ignorism', a relatively newly introduced term which others have found to be abrasive and hence has been removed for the sake of courtesy.¹⁶ However, we do feel that such publishing practices are avoidable as they give a lopsided opinion and may add insult to injury. Several debates have ensued among workers between 2016 and until very recently regarding the appropriateness of calling the implicated pathogen T. mentagrophytes ITS genotype VIII or whether to call it T. interdigitale.^{6,17-19} The omission of this particular genotype, a term that had gained momentum in the past few years and is molecularly identical to T. indotineae, has understandably perturbed workers who favoured the term. This genotype which has now been named 'T. indotineae', possibly had a zoophilic origin but 'anthropisation' is suggested to have occurred during its early evolution.^{20,21}

In conclusion, we would like to respectfully question the somewhat hurried and inappropriate choice of the suffix *'indotineae'* in describing this new species, especially as (1) its origin is not clearly known yet, (2) it is now clear that it existed in several other countries before it came into the spotlight as the causative agent of treatment recalcitrant dermatophytoses in India²² and (3) it has now been documented in over 40 countries, where in every case it is not certain that the primary infection originated in India.

The purely morphological identification of T. mentagrophytes genotype VIII is not possible, the classification is based on molecular biological typing based on sequencing of the internal transcribed spacer (ITS) region of the fungus' rDNA.²³ Numerous genotypes of T. mentagrophytes have been reported over the last 10 years. Currently, at least 15 different genotypes are distinguished within the T. mentagrophytes/T. interdigitale complex.^{24,25} There are probably even significantly more if you look at the currently published genotypes, whose numbering ranges from I to XXXI, so at least 31 genotypes have been described.^{14,19,26,27} Ultimately, these can only be distinguished by sequencing the ITS region of the rDNA. Genotypes I and II correspond to T. interdigitale, genotype III and III* to feline strains, there is a specific genotype for rabbits. Recently, a new genotype (T. mentagrophytes ITS genotype VII) causing tinea cruris and tinea pubogenitalis has been described.²⁸⁻³¹ If genotype VIII is named 'T. indotineae', a specific name should also be assigned to the genotype VII which also seems to be an anthropophilic species. However, we encourage careful consideration before naming because a possible route of transmission (probably sexual) may also inflict unintended offense.32,33 Furthermore, this kind of naming may confuse dermatologists and others who are clinical caregivers and have minimal exposure to mycology nomenclature.³⁴ Therefore, given the problem of naming, it would be preferable to retain T. mentagrophytes genotype VIII or T. mentagrophytes VIII, at least temporarily. This would be permissible within the rules of nomenclature without causing an unintended offense to individuals in specific regions or countries. However, calling it just T. mentagrophytes (or T. mentagrophytes/T. interdigitale complex) would lead to a total lack of clarity regarding the nomenclature.³⁵ It has to

be mentioned, that just now, Švarcová et al. have proposed to classify *T. indotineae* as *T. mentagrophytes* var. *indotineae* (or *T. mentagrophytes* ITS genotype VIII) to avoid more splitting of the *T. mentagrophytes/T. interdigitale* complex and taxonomic confusion.³⁶

Perhaps, an international committee or a body should be in place to assess contentious names. Until then such pejorative terms should be discouraged and more neutral terms should be used. In the end, we hope that the stakeholders take due cognizance of our disapproval and '*T. indotineae*' is given a non-region-specific name which would better align with the principles of scientific neutrality and fairness while promoting accurate and unbiased communication within the global scientific community.

Declaration of patient consent: Patient's consent not required as there are no patients in this study.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

Shyam B Verma¹, Ananta Khurana², Philipp P Bosshard³, Alexandra Kargl⁴, Archana Singal⁵, Abir Saraswat⁶, Emanuella Guenova⁷, Martin Schaller⁸, Saumya Panda⁹, Ali Rezaei-Matehkolaei¹⁰, Ditte Marie L. Saunte¹¹, Kabir Sardana², Ramesh M Bhat¹², Alireza Firooz¹³, Esther Klonowski¹⁴, Koushal Verma¹⁵, Manjunath Shenoy¹⁶, Rajeev Sharma¹⁷, Seetharam KA¹⁸, Silke Uhrlaß¹⁴, Annette Kolb-Mäurer¹⁹, Markus Vincent Starink²⁰, Mohammed Saiful Islam Bhuiyan²¹, Nayani Priyangika Madarasingha²², Arun Joshi²³, Sidra Saleem Khan²⁴, Jacek C Szepietowski²⁵, Uwe Wollina²⁶, Resham Vasani²⁷, Monisha Madhumita²⁸, Bhartendu Mehta²⁹, Valeska Padovese³⁰, Sudip Parajuli³¹, Daniela Vanousova³², Pietro Nenoff¹⁴

¹Nirvan Skin Clinic, Vadodara, India, ²Department of Dermatology, Dr Ram Manohar Lohia Hospital and Atal Bihari Vajpayee Institute of Medical Sciences, New Delhi, India, 3Department of Dermatology, University Hospital Zurich, Switzerland, ⁴Department of Dermatology, MVZ Dermatologie Südbayern GmbH, Rosenheimerstrasse 2, Munich, Germany, 5Department of Dermatology and STD, University College of Medical Sciences and GTB Hospital, Delhi, India, 6Indushree Skin Clinic, Lucknow, India, 7Department of Microbiology, University of Lausanne, Lausanne, Switzerland, 8Universitäts-Hautklinik Tübingen, Eberhard Karls Universität Tübingen, Tübingen, Germany, 9Department of Dermatology, Jagannath Gupta Institute of Medical Sciences (JIMS), Kolkata, India, ¹⁰Department of Medical Mycology, Infectious and Tropical Diseases Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, ¹¹Department of Allergy, Dermatology and Venereology, Herlev & Gentofte University Hospital, Hellerup, Denmark, 12Department of Dermatology, Father Muller Medical College, Mangalore, India, ¹³Department of Dermatology, Tehran University of Medical Science, Center for Research and Training in Skin Diseases and Leprosy, Tehran, Islamic Republic of Iran, 14 Laboratory Mölbis, Labopart - Medizinische Laboratorien, Rötha OT Mölbis, Germany, 15Department of Dermatology

and Venereology, All India Institute of Medical Sciences, New Delhi, India, ¹⁶Department of Dermatology, Yenepoya Medical College Deralkatte, Mangalore, ¹⁷Bishen Skin Center, Aligarh, Uttar Pradesh, India, ¹⁸Hanuma Skin Center, Kothapet, Guntur, India, 19Clinic and Polyclinic for Dermatology, Venereology and Allergology, University Hospital Würzburg, Würzburg, Germany, 20 Department of Dermatology, Amsterdam University Medical Center, Amsterdam, Netherlands, ²¹Department of Dermatology and Venerology, Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh, 22Department of Dermatology, Base Hospital Homagama, Colombo, Sri Lanka, 23Department of Dermatology, Farwaniya Hospital Sabah al Naser Area, Farwaniya, Kuwait, ²⁴Liverpool School of Tropical Medicine, Liverpool School of Tropical Medicine, Pembroke Pl, Liverpool, United Kingdom, 25 Faculty of Medicine, Wroclaw University of Science and Technology, Wroclaw, Poland, ²⁶Department of Dermatology & Allergology, Städtisches Klinikum Dresden, Dresden, Germany, 27 Department of Dermatology, Bhojani Clinic, Earth Classic, Dr Babasaheb Ambedkar Road, Matunga, Mumbai 400022, 28Department of Dermatology, Venereology, and Leprosy, Saveetha Medical College, Thandalam, Chennai, India, 29Department of Dermatology, American Mission Hospital, Bahrain, 30Department of Dermatology and Venereology, Mater Dei Hospital, Tal-grogg, Msida, Malta, ³¹Department of Dermatology and Venereology, Tribhuvan University Teaching Hospital, Maharajgunj, Kathmandu, Nepal, 32Department of Dermatology, The Dermatology Clinic, Dunedin, New Zealand

Corresponding author:

Dr. Pietro Nenoff, Laboratory Leipzig-Mölbis, Labopart - Medical Laboratories, Rötha, OT Mölbis, Germany. p.nenoff@labopart.de

References

- Khurana A, Sharath S, Sardana K, Chowdhary A. Clinico-mycological and therapeutic updates on cutaneous dermatophytic infections in the era of Trichophyton indotineae. J Am Acad Dermatol 2024;91:315-23.
- Khan SS, Hay R, Saunte DML. An international survey of recalcitrant and recurrent tinea of the glabrous skin-A potential indicator of antifungal resistance. J Eur Acad Dermatol Venereol. 2024 Jul 13. doi: 10.1111/jdv.20146. Epub ahead of print. PMID: 39001674.
- Verma SB, Panda S, Nenoff P, Singal A, Rudramurthy SM, Uhrlass S, et al. The unprecedented epidemic-like scenario of dermatophytosis in India: I. Epidemiology, risk factors and clinical features. Indian J Dermatol Venereol Leprol 2021;87:154-75.
- WHO. WHO issues best practices for naming new human infectious diseases. 2015. https://www.who.int/news/item/08-05-2015-who-issuesbest-practices-for-naming-new-human-infectious-diseases. Accessed Nov 20, 2024.
- Kano R, Kimura U, Kakurai M, Hiruma J, Kamata H, Suga Y, et al. Trichophyton indotineae sp. nov.: A new highly terbinafineresistant anthropophilic dermatophyte species. Mycopathologia 2020;185:947-58.
- Nenoff P, Verma SB, Uhrlaß S, Burmester A, Gräser Y. A clarion call for preventing taxonomical errors of dermatophytes using the example of the novel Trichophyton mentagrophytes genotype VIII uniformly isolated in the Indian epidemic of superficial dermatophytosis. Mycoses 2019;62:6-10.
- Nenoff P, Uhrlaß S, Verma SB, Panda S. Trichophyton mentagrophytes ITS genotype VIII and Trichophyton indotineae: A terminological maze, or is it? Indian J Dermatol Venereol Leprol 2022;88:586-9.
- Nenoff P, van de Sande WW, Fahal AH, Reinel D, Schöfer H. Eumycetoma and actinomycetoma--an update on causative agents, epidemiology, pathogenesis, diagnostics and therapy. J Eur Acad Dermatol Venereol 2015;29:1873-83.
- Callaway E. Hundreds of racist plant names will change after historic vote by botanists. Nature. 2024 Jul 18. doi: 10.1038/d41586-024-02365-x. Epub ahead of print. PMID: 39026072.
- 10. Robbins AM. Why scientists should not name diseases after places 2021. https://asm.org/articles/2021/may/

why-scientists-should-not-name-diseases-after-plac. Last Accessed Nov 20, 2024.

- Jabet A, Brun S, Normand AC, Imbert S, Akhoundi M, Dannaoui E, *et al.* Extensive dermatophytosis caused by terbinafine-resistant trichophyton indotineae, France. Emerg Infect Dis 2022;28:229-33.
- Madarasingha NP, Thabrew H, Uhrlass S, Eriyagama S, Reinal D, Jayasekera PI, *et al.* Dermatophytosis Caused by Trichophyton indotineae (Trichophyton mentagrophytes ITS Genotype VIII) in Sri Lanka. Am J Trop Med Hyg 2024;111:575-7.
- Bhuiyan MSI, Verma SB, Illigner GM, Uhrlaß S, Klonowski E, Burmester A, *et al.* Trichophyton mentagrophytes ITS genotype VIII/ trichophyton indotineae infection and antifungal resistance in Bangladesh. J Fungi (Basel) 2024;10:768.
- Uhrlaß S, Verma SB, Gräser Y, Rezaei-Matehkolaei A, Hatami M, Schaller M, *et al.* Trichophyton indotineae-An emerging pathogen causing recalcitrant dermatophytoses in India and worldwide-a multidimensional perspective. J Fungi (Basel) 2022;8:757.
- 15. Süß A, Uhrlaß S, Ludes A, Verma SB, Monod M, Krüger C, et al. [Extensive tinea corporis due to a terbinafine-resistant Trichophyton mentagrophytes isolate of the Indian genotype in a young infant from Bahrain in Germany]. Hautarzt 2019;70:888-96.
- 16. Trüeb RM. Ignorism. Int J Trichology 2023;15:1-2.
- Chowdhary A, Singh A, Singh PK, Khurana A, Meis JF. Perspectives on misidentification of Trichophyton interdigitale/Trichophyton mentagrophytes using internal transcribed spacer region sequencing: Urgent need to update the sequence database. Mycoses 2019;62:11-5.
- de Hoog GS, Dukik K, Monod M, Packeu A, Stubbe D, Hendrickx M, *et al.* Toward a novel multilocus phylogenetic taxonomy for the dermatophytes. Mycopathologia 2017;182:5-31.
- Tang C, Kong X, Ahmed SA, Thakur R, Chowdhary A, Nenoff P, *et al.* Taxonomy of the Trichophyton mentagrophytes/T. interdigitale species complex harboring the highly virulent, multiresistant genotype T. indotineae. mycopathologia 2021;186:315-26.
- Nenoff P, Krüger C, Ginter-Hanselmayer G, Tietz HJ. Mycology an update. Part 1: Dermatomycoses: Causative agents, epidemiology and pathogenesis. J Dtsch Dermatol Ges 2014;12:188-209; quiz 210, 188-211; quiz 212.
- Tang C, Ahmed SA, Deng S, Zhang L, Zoll J, Al-Hatmi AMS, *et al.* Detection of emerging genotypes in Trichophyton mentagrophytes species complex: A proposal for handling biodiversity in dermatophytes. Front Microbiol 2022;13:960190.
- 22. Verma SB, Panda S, Nenoff P, Singal A, Rudramurthy SM, Uhrlass S, *et al.* The unprecedented epidemic-like scenario of dermatophytosis in India: III. Antifungal resistance and treatment options. Indian J Dermatol Venereol Leprol 2021;87:468-82.
- Verma SB, Panda S, Nenoff P, Singal A, Rudramurthy SM, Uhrlass S, et al. The unprecedented epidemic-like scenario of dermatophytosis in India: II. Diagnostic methods and taxonomical aspects. Indian J Dermatol Venereol Leprol 2021;87:326-32.

- Batvandi A, Pchelin IM, Kiasat N, Kharazi M, Mohammadi R, Zomorodian K, *et al.* Time and cost-efficient identification of Trichophyton indotineae. Mycoses 2023;66:75-81.
- 25. Uhrlaß S, Rezaei-Matehkolaei A, Bosshard PP, Koch D, Mütze H, Krüger C, *et al.* Trichophyton indotineae in the Trichophyton interdigitale/mentagrophytes complex What do the genotypes tell us? Mycoses 2023;66:19. https://onlinelibrary.wiley.com/toc/14390507/66/S1. Last Accessed Dec 12, 2024.
- 26. Taghipour S, Pchelin IM, Zarei Mahmoudabadi A, Ansari S, Katiraee F, Rafiei A, *et al.* Trichophyton mentagrophytes and T interdigitale genotypes are associated with particular geographic areas and clinical manifestations. Mycoses 2019;62:1084-91.
- Klinger M, Theiler M, Bosshard PP. Epidemiological and clinical aspects of Trichophyton mentagrophytes/Trichophyton interdigitale infections in the Zurich area: A retrospective study using genotyping. J Eur Acad Dermatol Venereol 2021;35:1017-25.
- Wendrock-Shiga G, Mechtel D, Uhrlaß S, Koch D, Krüger C, Nenoff P. [Tinea barbae profunda due to Trichophyton mentagrophytes after journey to Thailand : Case report and review]. Hautarzt 2017;68:639-48.
- Kupsch C, Czaika VA, Deutsch C, Gräser Y. Trichophyton mentagrophytes - a new genotype of zoophilic dermatophyte causes sexually transmitted infections. J Dtsch Dermatol Ges 2019;17:493-501.
- Caplan AS, Sikora M, Strome A, Akoh CC, Otto C, Chaturvedi S, *et al.* Potential sexual transmission of Tinea Pubogenitalis from TMVII. JAMA Dermatol 2024;160:783-5.
- Müller VL, Kreuter A, Uhrlaß S, Nenoff P. [Trichophyton mentagrophytes genotype VII increasingly causes anogenital infections]. Dermatologie (Heidelb) 2024;75:48-54.
- 32. Nenoff P, Wendrock-Shiga G, Mechtel D, Schubert K, Jarsumbeck R, Lusmöller E, *et al.* Trichophyton mentagrophytes ITS genotype VII from Thailand. In: Bouchara J-P, Nenoff P, Gupta AK, Chaturvedi V, eds. Dermatophytes and Dermatophytoses Springer; 2021 pp. 231-56.
- 33. Jabet A, Dellière S, Seang S, Chermak A, Schneider L, Chiarabini T, et al. Sexually transmitted trichophyton mentagrophytes genotype VII infection among men who have sex with men. Emerg Infect Dis 2023;29:1411-14.
- Chatterjee M, Datta D. Trichophyton: Changing nomenclature and practical implications. Indian J Dermatol 2023;68:503-7.
- 35. Švarcová M, Větrovský T, Kolařík M, Hubka V. Defining the relationship between phylogeny, clinical manifestation, and phenotype for Trichophyton mentagrophytes/interdigitale complex; a literature review and taxonomic recommendations. Med Mycol 2023;61: myad042.
- 36. Švarcová M, Kolařík M, Li Y, Tsui CKM, Hubka V. Resolving phylogenetic relationships within the *Trichophyton mentagrophytes* 1 complex: a RADseq genomic approach challenges status of "terbinafine-2 resistant" *Trichophyton indotineae* as distinct species. bioRxiv preprint doi.org/10.1101/2024.12.03.626654doi.