INFECTIONS DUE TO TRICHOPHYTON RUBRUM

V. RAMESH

Summary

Trichophyton rubrum is the most common dermatophyte encountered in our country. Infections due to T. rubrum are of a chronic and recurrent nature and do not respond satisfactorily to therapy. The clinical picture throughout the world shows a definite upward trend incidence of T. rubrum infections. This unique behaviour has led people to investigate the factors controlling host-parasite relationship and the finer mycological details of this fungus. The clinical, biochemical and histological studies reveal the superior invasive nature of T. rubrum as compared to the other dermatophytes. The role played by immunological factors also appear to be important and it is likely that we may find some of our answers here.

KEY WORDS: Trichophyton rubrum, Dermatomycoses

Among the dermatophytes, Trichophyton rubrum has undoubtedly attained notoriety. Isolated by Bang in 19101, Trichophyton rubrum in the course of time has emerged as the cause of the most stubborn of superficial mycotic skin infections. In general, T. rubrum infections are of a chronic nature, relatively asymptomatic and respond only slowly to therapy. The clinical picture is characterised by phases of waxing and waning, depending mainly on seasonal variations. The worldwide prevalence of T. rubrum and the nature of infections is a measure of the extreme adaptibility of this fungus on human beings.

It is well known that T. rubrum has firmly entrenched itself as the chief

Department of Dermatology Safdarjung Hospital New Delhi-29.

Address for communication:

Dr. V. Ramesh
Sector III/580, R. K. Puram
New Delhi - 110022
Received for publication on 28-5-1983

pathogen causing dermatomycoses in the Asian countries²-6. In the West, T. rubrum infections have been steadily rising during the past three decades and this has been attributed to global factors like the world wars and economic depressions, as well as poorly understood factors of host-parasite relationship⁶-9. In short, the trend is a changing one where T. rubrum is gradually displacing the other dermatophytes and occupying a prominent place in dermatomycoses throughout the world. Certain salient observations which distinguish T. rubrum species are briefly highlighted.

- 1. T. Rubrum has an affinity for inhospitable and tough keratin like that of palms and soles as well as the hard keratin of the nail⁸-10.
- 2. No age group is spared, infections having been reported in the very young and old⁴,¹¹, ¹³.
- 3. T Rubrum infections are highly communicable³, ¹⁴, ¹⁵ and outbreaks of

infection occur in certain populations¹², ¹⁶.

- 4. Comparative cultural analysis of specimens from microscopically positive and negative KOH preparations reveals the remarkable adaptibility of T. rubrum¹⁷.
- 5. Defective immune states have been associated with recurrent T. rubrum infections¹⁸- 20 .

Despite the few reports of isolation from animals²¹, ²², T. rubrum is essentially anthropophilic, and by virtue of the different strains it is a well adapted pathogen. Thus the 'downy strain'²³ which predominates in Europe is less virulent when compared to the 'granular' variety¹ which is widely prevalent in India. Strains resembling the 'granular' variant have been implicated in certain outbreaks¹² and this confirms the changing trend as pointed out earlier.

Unlike the typical clinical picture, associated with ringworm infection, that of T. rubrum infection of the skin show little tendency for central clearing17. Granulomatous and discoid lupus erythematosus like lesions of the skin due to T. rubrum are known and in certain diseases like pemphigus vulgaris, where immunity is impaired, deep granulomas in the groin have It has also been been described5. shown histologically that compared to other fungi T. rubrum occupies the deepest part of the nail plate24,25. Experimental infections in cultured human skin have revealed the greater degree of invasiveness of T. rubrum as compared to T. mentagrophytes under similar conditions26. The chronic nature of T. rubrum infections has resulted in lichenification and prurigo nodularis' and on occasion even mycetomas 27. The problem is further aggravated by the lack of satisfactory response to oral griseofulvin, particularly

in cases of nail infection 28. ming incidence of griseofulvin resistance, which is of much higher degree in T. rubrum as compared to other dermatophytes29 portends a gloomy picture for the future use of griseo-Surprisingly, tinea capitis due fulvin. to T. rubrum is uncommon, as against the readiness with which skin and nails are affected by this species. This may be due to the cuticular sheath which is said to protect the hair from keratinolytic enzymes³⁰. However, a more convincing reason is awaited. ethnic susceptibility in an interesting finding. T. rubrum peculiarly has a predilection for the skin of Asiatics31,32a&b but susceptibility to T. mentagrophytes is higher than for T. rubrum in caucasoids, even when they reside in the Asian countries32-34.

The unique behaviour of T. rubrum has intrigued many workers and several attempts have been made to study the factors predisposing to this infection. Increased glucose tolerance, disturbances of calcium metabolism and acrocyanosis have been suggested, but none of these have proved convincing. Abnormal glucose tests have been reported in association with recurrent T. rubrum infections³⁵. A greater tolerance for hydroxyproline has been suggested as an explanation for the invasive nature of T. rubrum³⁶. mical analysis of material washed from the skin surface has not yielded sufficient information on the pattern of susceptibility87. Though no significant correlation was drawn from a study of the fatty acid fractions of the three genera of dermatophytes³⁸, important differences in the reaction pattern between the antigens extracted from different species of dermatophytes and antisera raised in rabbits have been observed39. The occurrence and metabolism of phospholipids in T. rubrum has been studied40,41, but their role in pathogenicity has to be determined. Experimental studies have revealed

the presence of lipolytic enzymes⁴² and the occurrence of multiple proteases in *T. rubrum*⁴³. Using diverse isolates the proteolytic activity of *T. rubrum* towards egg albumen has been shown and the fungal extracts were seen to produce subepidermal splits when injected intradermally into excised human skin⁴⁴. Sophisticated techniques have revealed interesting differences between the cell walls of *T. rubrum* and *T. mentagrophytes*⁴⁵ and this aspect of the fungi has been recently reviewed⁴⁶.

Of late, studies in the immunology of dermatophytoses have attempted to explain the puzzling observation of negative trichophytin tests in cases of T. rubrum infections. A poor leucocyte migration was seen to correlate with a high incidence of immediate reaction to trichophytin skin test in T. rubrum infections47 and those with recurrent attacks showed a uniformly low mitotic The multiple factors and index48. their interplay in altering the immunological defenses have been discussed in detail49 and the author has hypothesised the possible role of blocking antibodies which could effectively decrease the cellular immune response. Nevertheless, the last word on this has not been said and more sensitive and well designed studies will be more rewarding in future.

It is obvious from the above discussion that it is important to isolate the causal dermatophyte in cases of dermatophytoses. The causative agent has bearing on the treatment and the adoption of precautionary measures. T. rubrum infections have deceptive periods of quiescence and satisfactory results after treatment are measured by the absence of fungi on direct examination⁵⁰. Lack of sebaceous glands do not logically explain the affinity of T. rubrum for the the palms, soles and nails, as the other dermatophytes would also prefer similar

conditions. It is likely that at these sites, particularly on the nails, the fungus is practically safe from the immune system and the inhibitory serum factors. In addition, it is possible that certain inherent factors, the nature of which is as yet unclear, enable *T. rubrum* to compete and effectively occupy these sites, thus ensuring self preservation.

References

- Bang H: Sur un trichophytie cutanee a grands cercles, causee par un dermatophyte nouveau (Trichophyton purpureum Bang). Annales de dermatologie et de syphiligraphie 1910; 1:225.
- Dey NC: Trichophyton purpureum infections in India. Ind Med Gaz, 1953; 88: 225.
- Georg LK: Epidemiology of the Dermatophytoses, sources of infection, modes of transmission and epidemicity. Annal of NY Acad Sci, 1960-61; 89:69-72.
- Wong KO, Chan YF: Dermatophytoses in Hong Kong, Br J Dermatol 1968; 80. 287-292.
- Alteras I, Lehrer N: A critical study of 1000 cases of dermatophytoses in the Tel Aviv area during 1970-1975. Mycopathologia, 1977; 62: 121.
- Maskin IL, Taschdjian CL, Franks AC: The etiology of Dermatophytosis. Arch Dermatol 1957; 75: 66-69.
- Hildick-Smith G, Blank H, Sarkany I: Fungus diseases and their treatment. 1st Ed. J & A Churchill, London, 1964; p. 114.
- Rosman N: Infections with Trichophyton rubrum. Br J Dermatol 1966; 78: 208-212.
- Allred BJ: Dermatophyte prevalence in Wellington, New Zealand. Sabouraudia, 1982; 20:75-77.
- Russell B, Frain-Bell W, Stevenson CJ, Riddell RW, Djavahiszwili, Morrison SL: Chronic ringworm of the skin and nails treated with griseofulvin, Lancet, 1960; 1:1140.

- Shmunes E: Onychomycosis in a 14 month old child. Sth Med J (Ala). 1976; 69: 1097-1098.
- Peachey RDG, English MP: An outbreak of Trichophyton infection in a geriatric hospital. Br J Dermatol 1974; 91: 389-397.
- Ramesh V, Reddy BSN: Onychomycosis in an infant. Ind J Dermatol Venereol Leprol (under publication).
- English MP: Trichophyton rubrum infection in families. Br Med J 1957; 1:744.
- 15. Marples MJ: The ecology of human skin. Thomas, Chicago, 1965; p 480.
- Hakendorf AJ: An outbreak of Trichophyton infection in South Australia, Aus J Dermatol 1952; 1:208-211.
- Ganor S: Dermatophyte species and microscopic examination. Sabouraudia 1971; 9:245-248.
- Jones HE, Reinhardt JH, Rinaldi MG: A clinical, mycological and immunological survey for dermatophytosis. Arch Dermatol 1973: 108:61-65.
- Blaylock WK: Atopic dermatitis-diagnosis and pathobiology. J All Clin 1mm 1976; 57:62-79.
- Levy SB, Pinnell SR, Meadows L, Snyderman R, Ward FE: Hereditary C2 deficiency associated with cutaneous lupus erythematosus. Arch Dermatol, 1979; 115:57-61.
- Bone WJ, Jackson WF: Pathogenic fungi in dermatitis. Vet Med Small Anim Clin, 1971; 66:140-142.
- Kushida T, Watanabe S: Canine ringworm caused by Trichophyton rubrum, Sabouraudia, 1975; 13:30-32.
- Castellani A: Observations on a new species of Epidermophyton found in tinea cruris. Br J Dermatol, 1910; 22:147-150.
- Sagher F: Histologic examination of fungus infection of the nails. J Invest Dermatol, 1948; 11:337.
- Jillson OF, Piper EL: The role of saprophytic fungi in the production of ecze-

- matous dermatitis. J Invest Dermatol 1957; 28:137-142.
- 26. Blank H, Sagami S, Boyd C, Roth FJ: The pathogenesis of superficial fungus infection in cultured human skin. Arch Dermatol, 1959; 79:524-535.
- Burgoon CF, Blank F, Johnson WC, Grappel SF: Mycetoma formation in Trichophyton rubrum infection. Br J Dermatol, 1974: 90: 155-162.
- 28. Stevenson CJ, Djavahiszwili N: Chronic ringworm of the nails. Treatment with griseofulvin. Lancet, 1961; 1:373.
- 29. Greenburg JH: Griscofulvin resistance. Int J Dermatol 1979; 18: 701.
- Weary PE, Canby CM: Keratinolytic activity of Trichophyton rubrum, T schoenleinii and T mentagrophytes. J Invest Dermatol 1967; 48: 240-248.
- Desai SC: Superficial Mycoses In: Essays on Tropical Dermatology, Eds. Simons RDGPh & Marshall J. Excerpta Medica, Amsterdam, 1, p 223, 1969.
- 32. Sanderson PH, Sloper JC:
 - Skin disease in the British army in SE Asia I: Influence of the environment on skin disease. Br J Dermatol, 1953; 65: 252-264.
 - b. Skin disease in the British army in SE Asia II: Tinea corporis: Clinical and pathological aspects with particular reference to the relationship between Trichophyton interdigitale and T mentagrophytes. Br J Dermatol 1953; 65:300-309.
- Blank F, Mann SJ, Reale RA: Distribution of dermatophytes according to age, ethnic group and sex. Sabouraudia, 1974; 12:352-361.
- 34. Allen AM, Taplin D: Epidemic of Trichophyton mentagrophytes infection in servicemen. Source of infection, role of environment, host factors and susceptibility. JAMA 1973; 226: 864-867.
- Jolly HW, Carpenter CL: Oral GTT studies in recurrent Trichophyton rubrum

INFECTIONS DUE TO TRICHOPHYTON RUBRUM

- infections. Arch Dermatol 1969; 100: 26-34.
- 36 Silva M: Effect of aminoacids on the growth and sporulation of Trichophyton rubrum. J Invest Dermatol 1958; 30: 69-73.
- Barlow AJE, Chattaway FW, Brunt RV, Townsley JD: A study of susceptibility to infections by Trichophyton rubrum. J Invest Dermatol 1961; 37: 461-470.
- 38. Swanson FJ, Ulrich JA: Fatty acid of dermatophytes. Sabouraudia 1980; 18:1-9.
- Philpot CM: Serological differences among the dermatophytes. Sabouraudia 19 8; 16: 247-256.
- Das SK, Banerjee AB: Phospholipids of Trichophyton rubrum. Sabouraudia, 1974; 12: 181-286.
- 41. Das SK, Banerjee AB: Phospholipid turnover in !richophyton rubrum, Sabouraudia 1977; 15: 99-102.
- Das SK, Banerjee AB: Lipolytic enzymes of Trichophyton rubrum. Sabouraudia 1977; 15:313-323.
- Meevotisam V, Niederpruem DJ: Control of exocellular proteases in dermat_phytes

- and especially Trichophyton rubrum. Sabouraudia, 1979; 17:91-106.
- Minocha Y, Pasricha JS, Mohapatra LN, Kandhari KC: Proteolytic activity of dermatophytes and its role in the pathogenesis of skin lesions. Sabouraudia, 1972; 10:79-85.
- 45. Hasegawa T: Trichophyton rubrum and T mentagrophytes studied by freeze-etching. Sabouraudia, 1975; 13:241-243.
- San-Blas G: The cell wall of fungal human pathogens. Its possible role in host parasite relationship. Mycopatholologia, 1982; 79:159-184.
- Hay RJ, Brostoff J: Immune responses in patients with chronic Trichophyton rubrum infections Clin Exp Derm 1972; 2:373-380.
- 48. Kaaman T, Petrini B, Wasserman J: In vivo and in vitro immune response to Trichophyton in dermatophytosis. Acta Derm Ven, 1979; 59:229-233.
- Ahmed AR: Immunology of human dermatophyte infections. Arch Dermatol, 1982; 118:521-525.
- Findlay GH: Superficial fungus infections. In Dermatology in General Medicine. Eds Fitzpatrick TD, et al, McGraw Hill, 1979; p 1528.