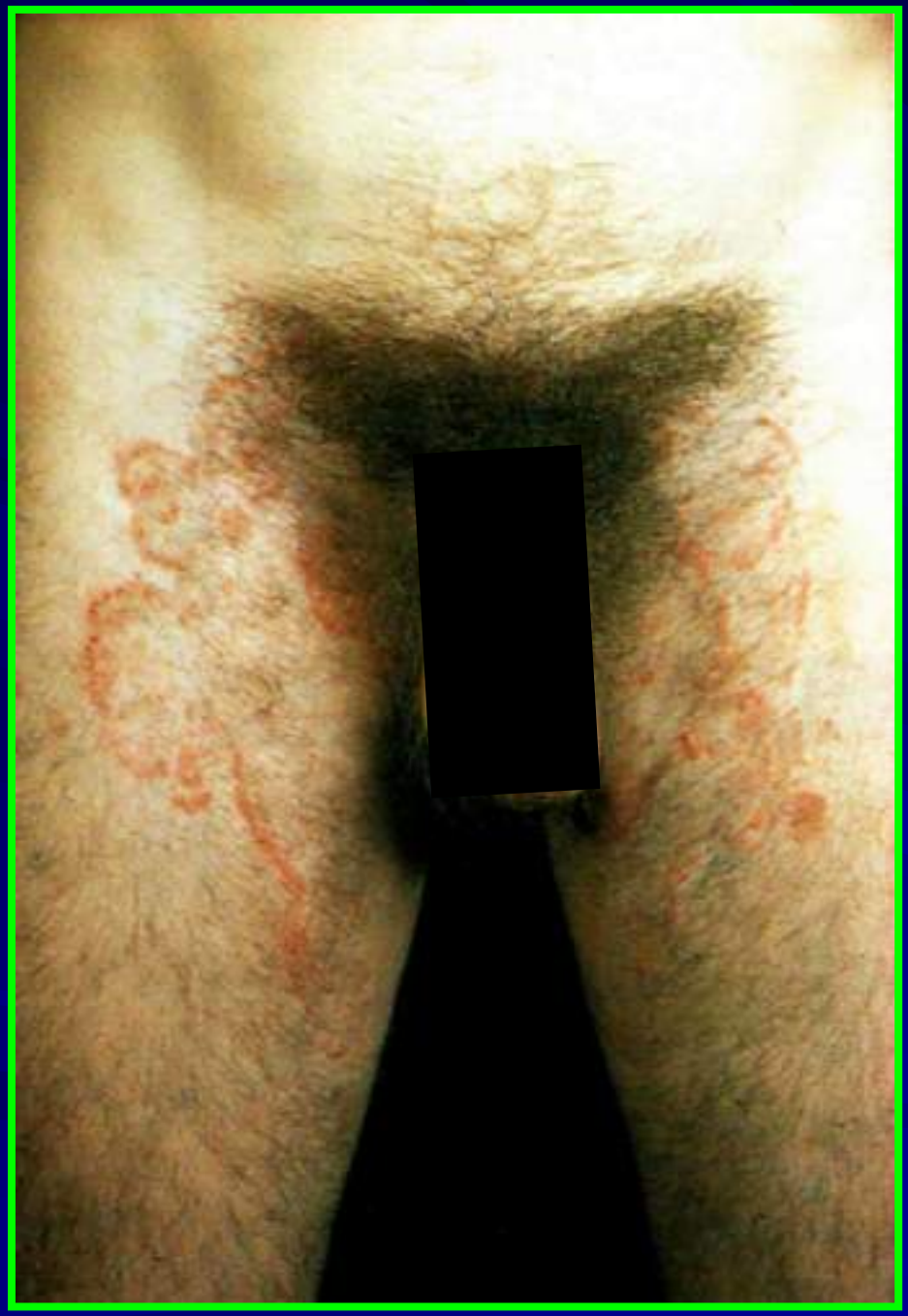
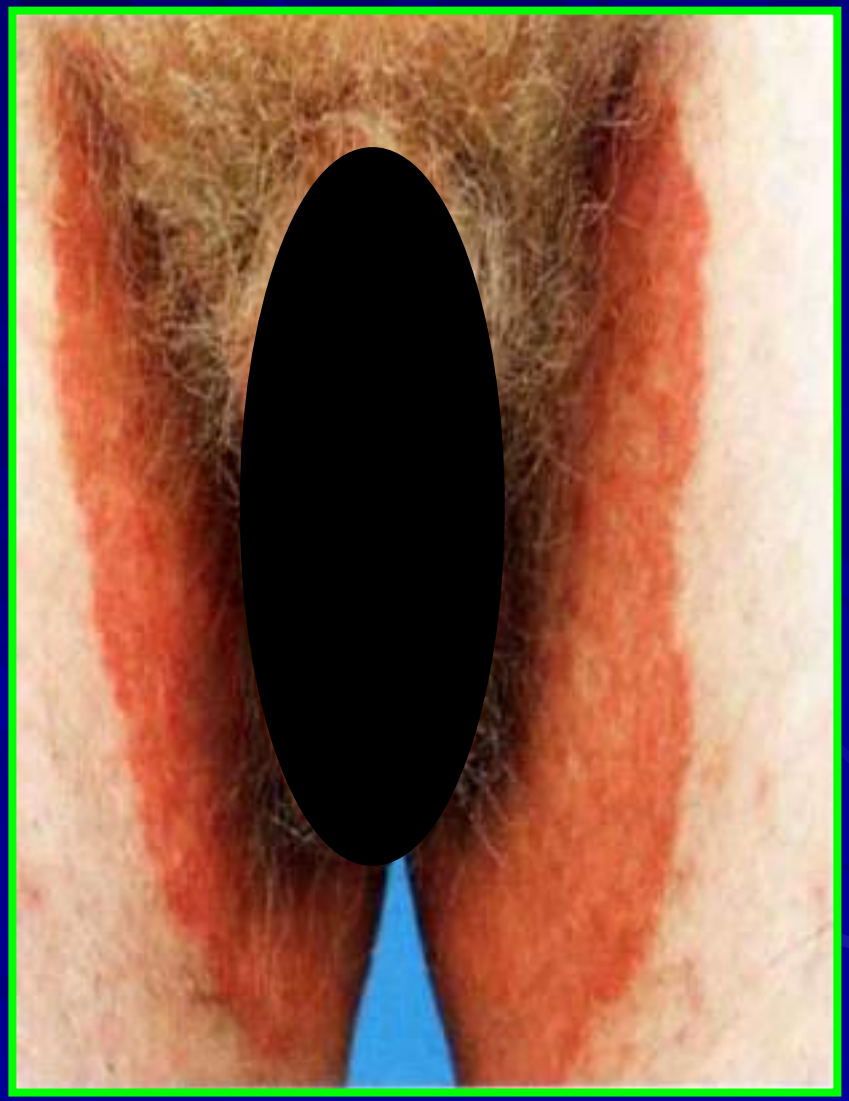
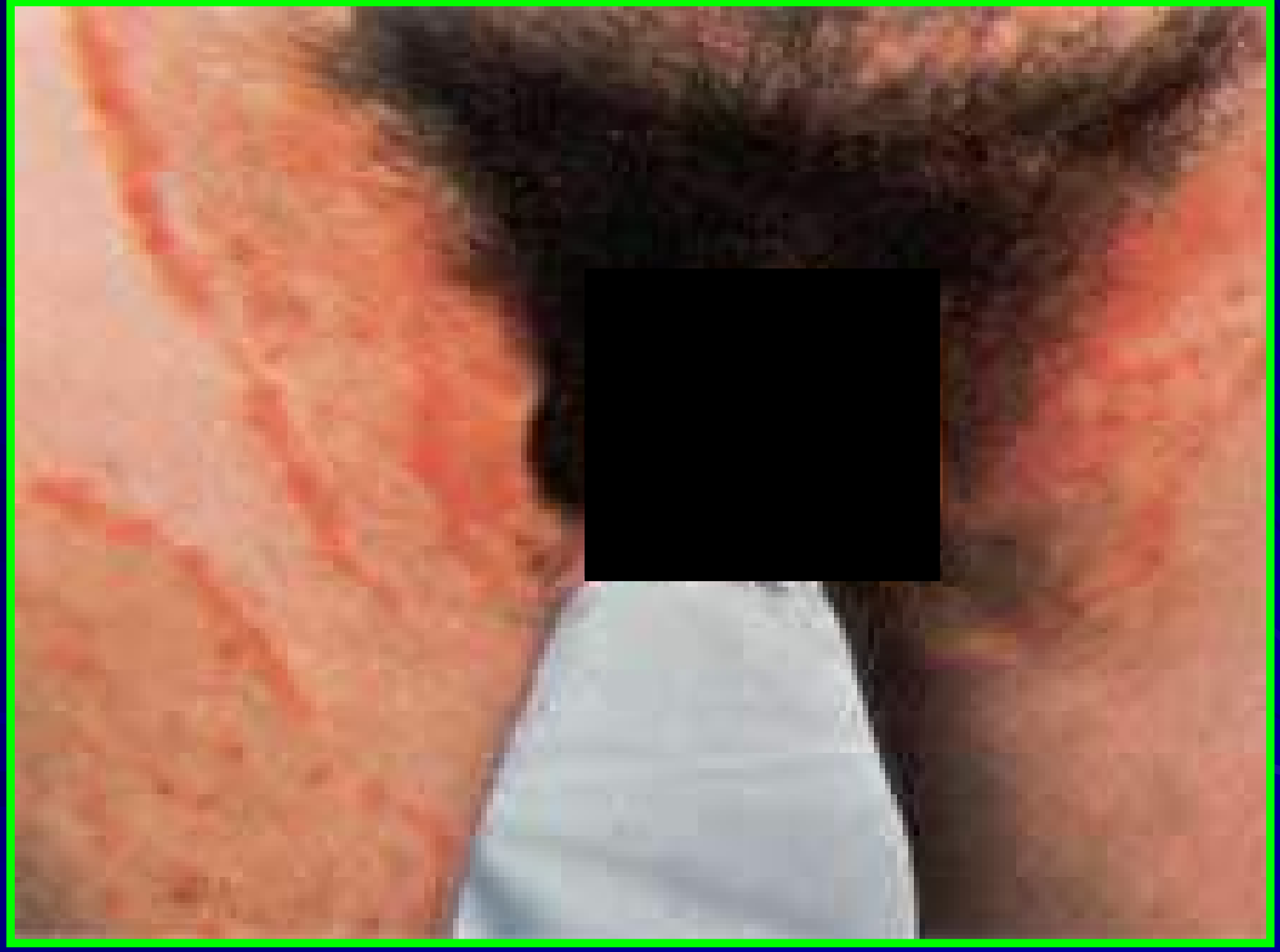
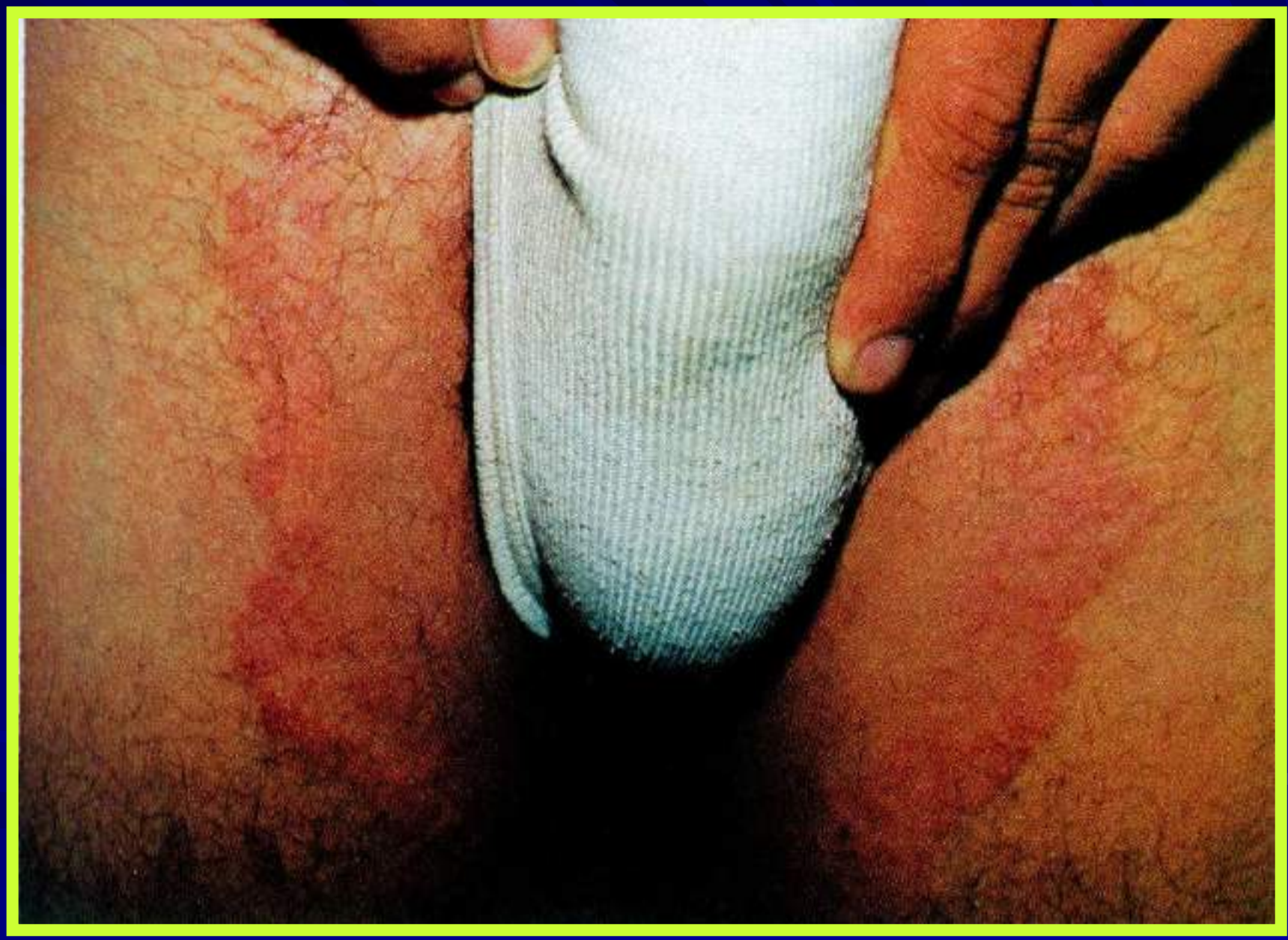
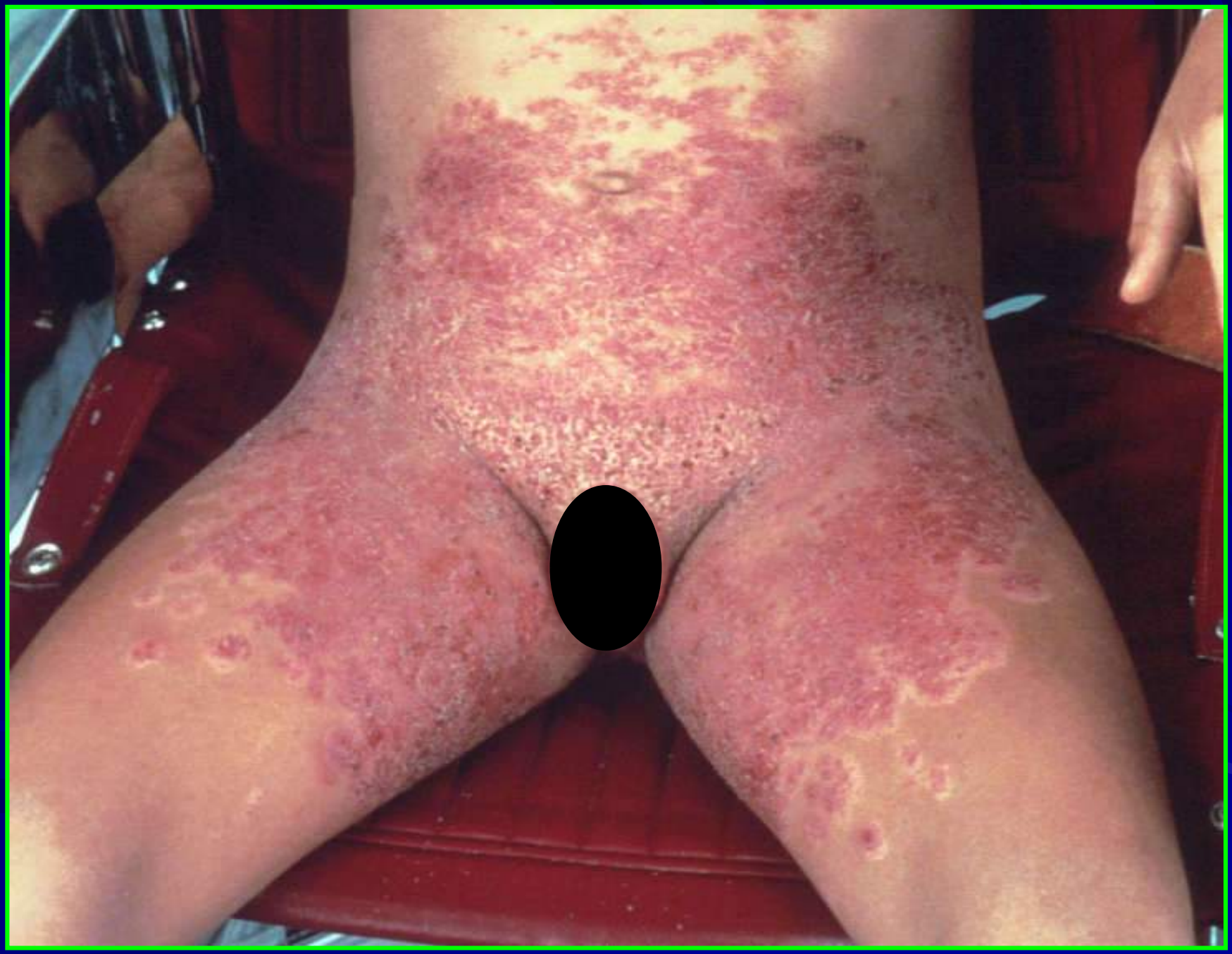
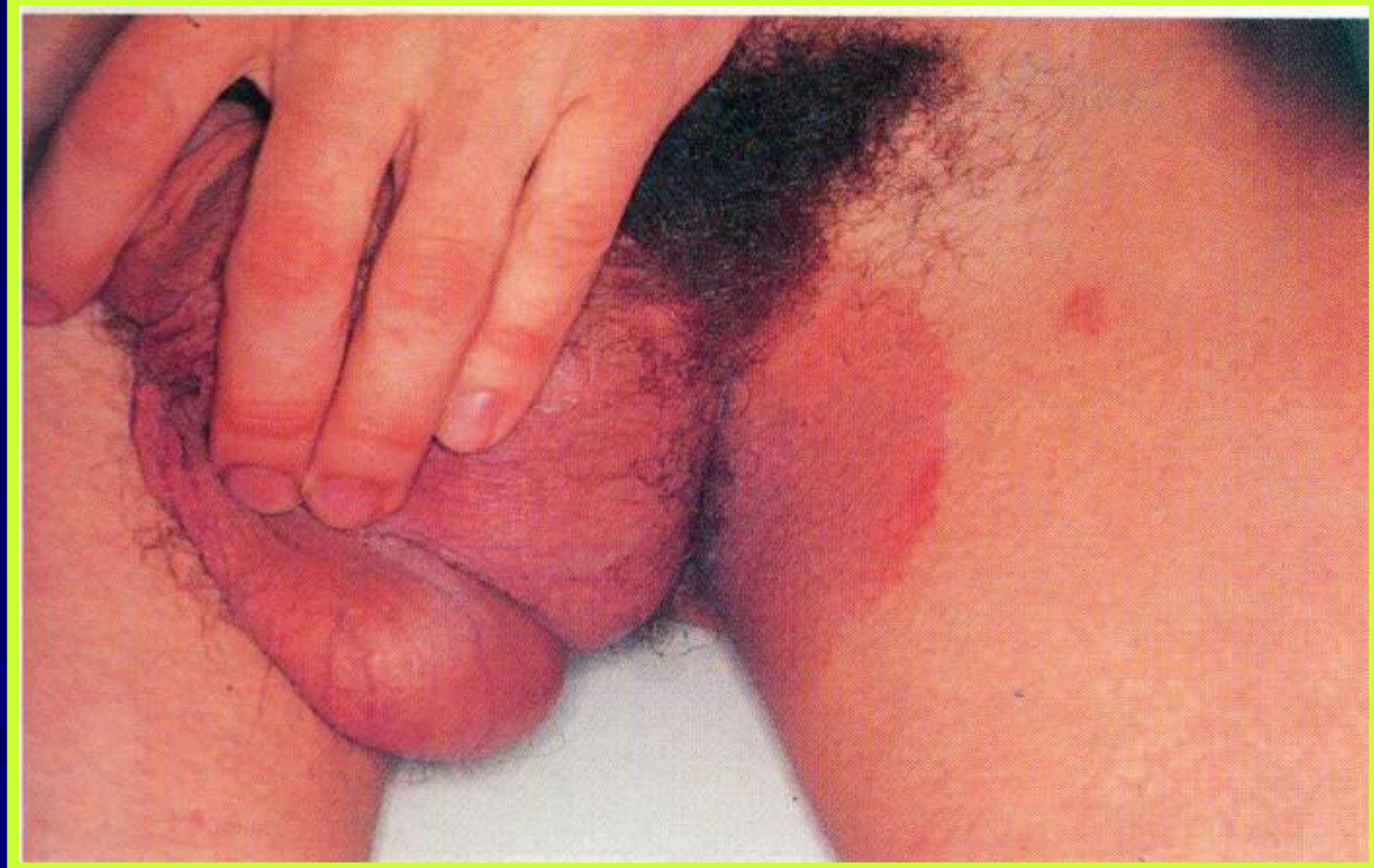












(5) Tinea pedis
(Ringworm of the feet)

- *Most common fungal infection (Athlete's foot), more in adult males*
- **Predisposing factors :**

  1- Wearing of tight shoes

  2- Communal showers

  3- Swimming baths

  4- Hyperhydrosis

Clinical varities :

1- Interdigital variety : (commonest form)

peeling, maceration & fissuring affecting lateral toe clefts; may involve undersurface of the toes

2- Squamous hyperkeratotic variety : very chronic & resistant to treatment; characterized by erythema & scaling may involve entire sole & sides of feet

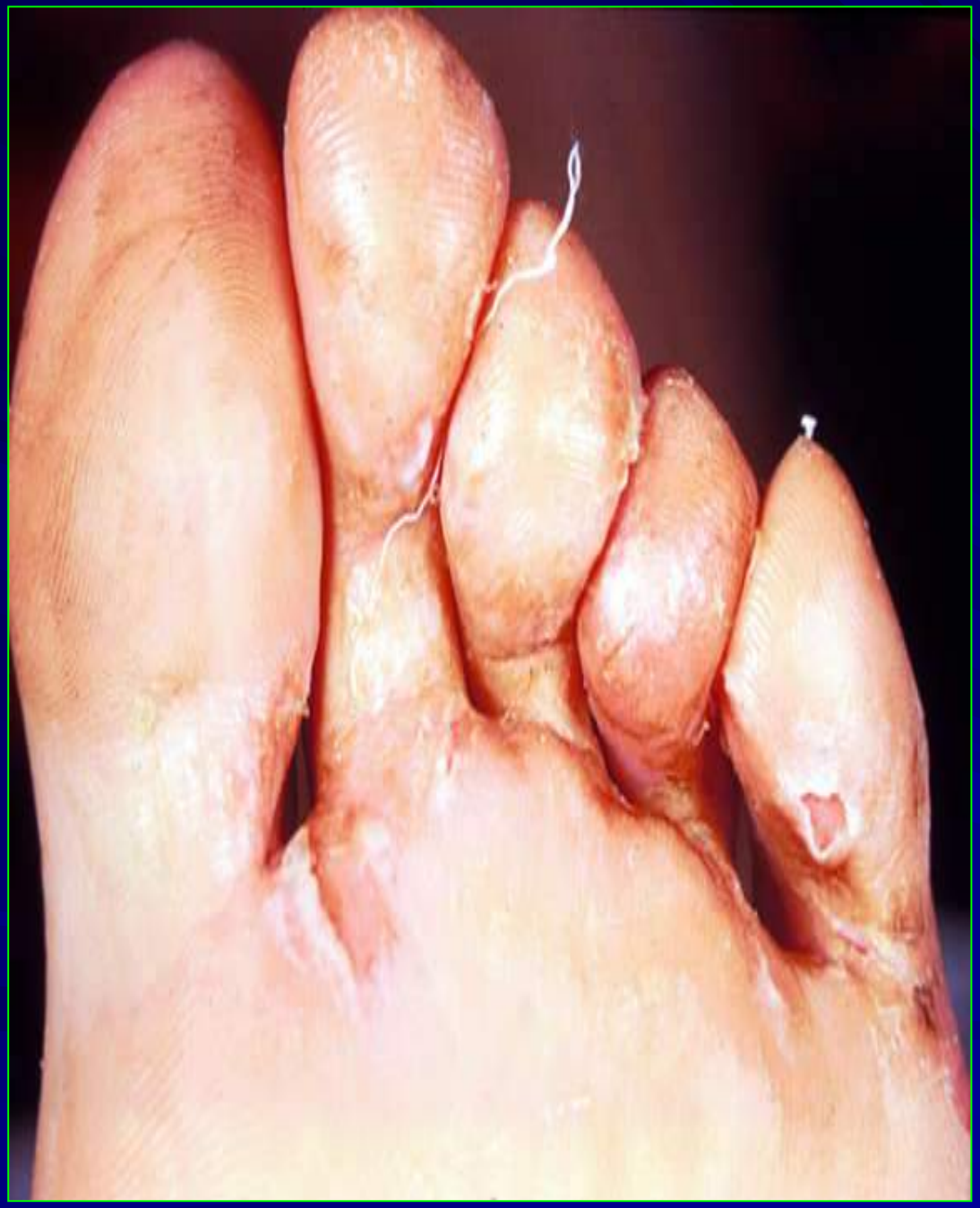
3- Vesiculobullous variety : acute vesicular or bullous eruption may involve entire sole

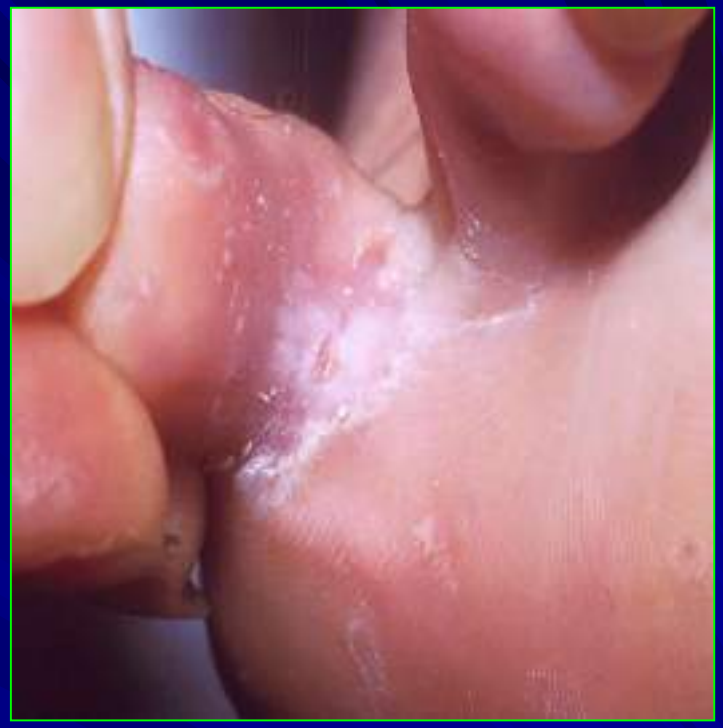
- *Patient may complain of itching, bad smell or 2ry bacterial infection.*
- **Treatment :**

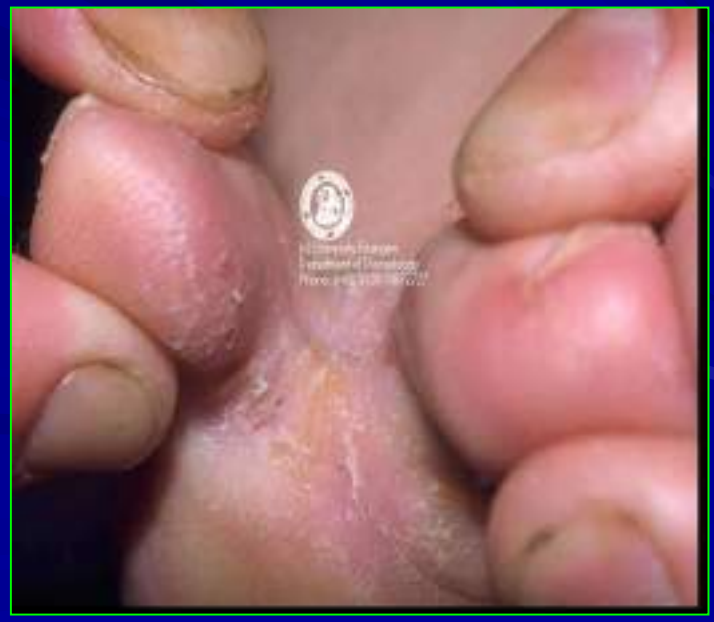
  1- Dry the feet thoroughly after bathing

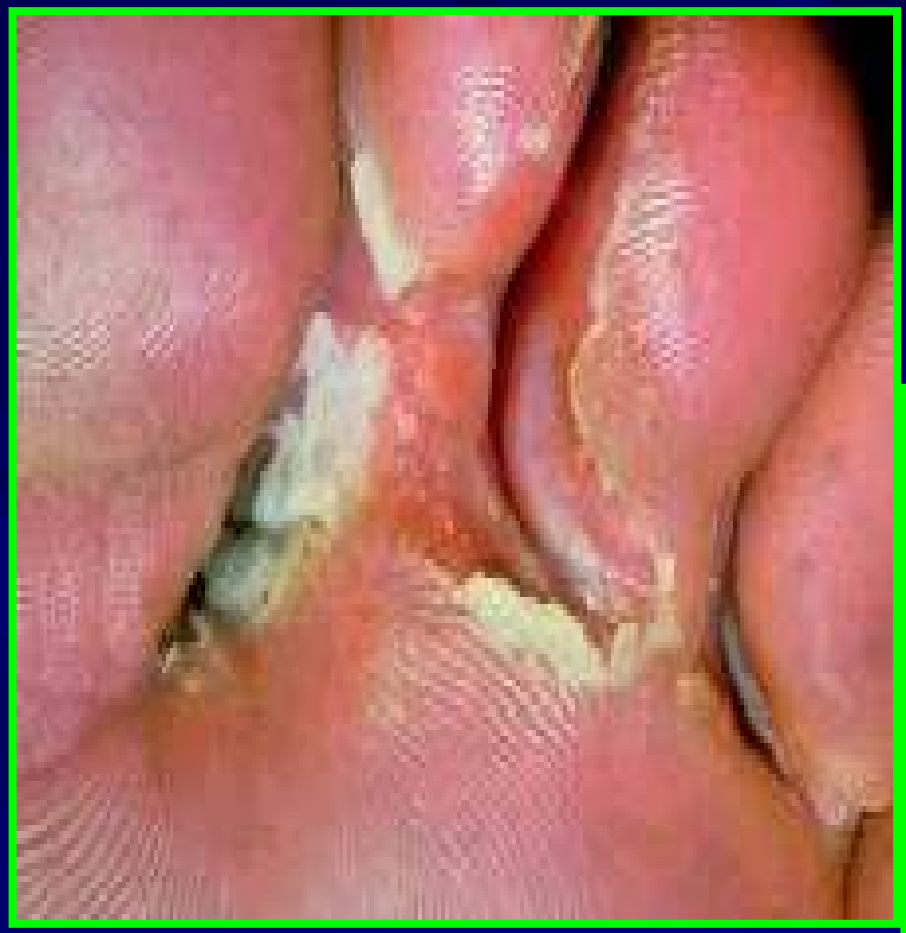
  2- Antifungal powder on feet of susceptible persons

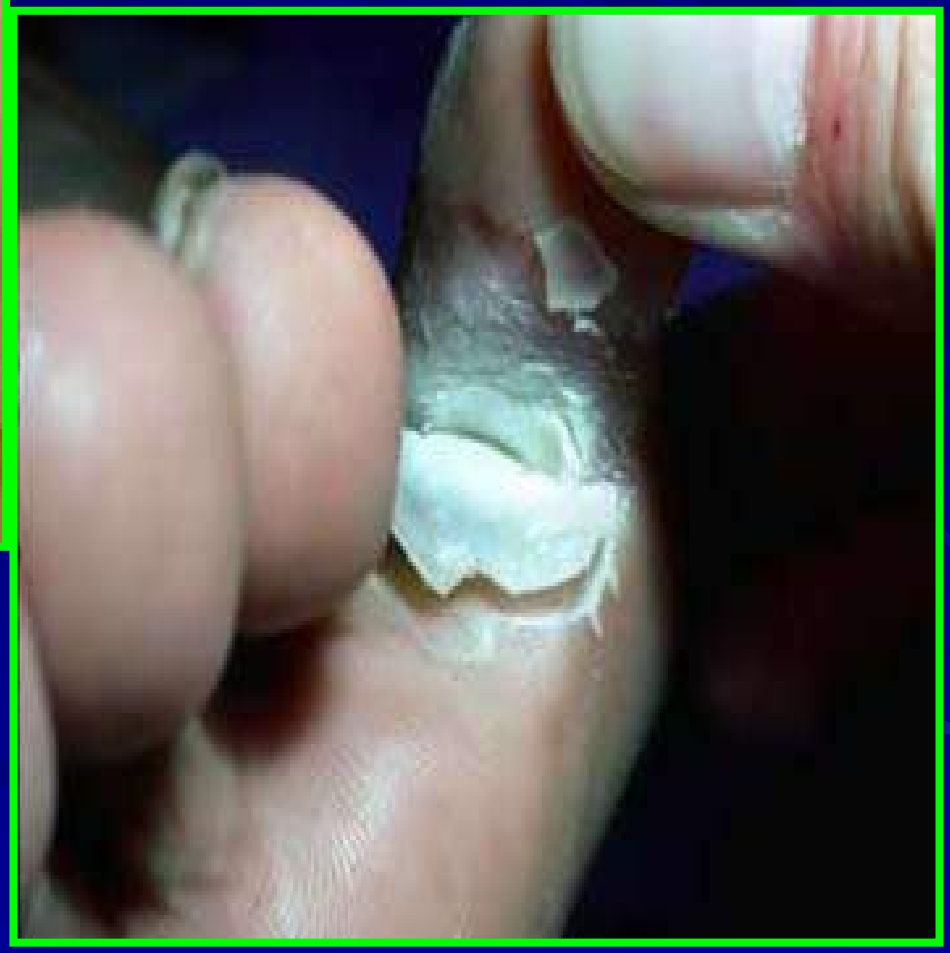
  3- Topical antifungals for mild cases & systemic for extensive lesions

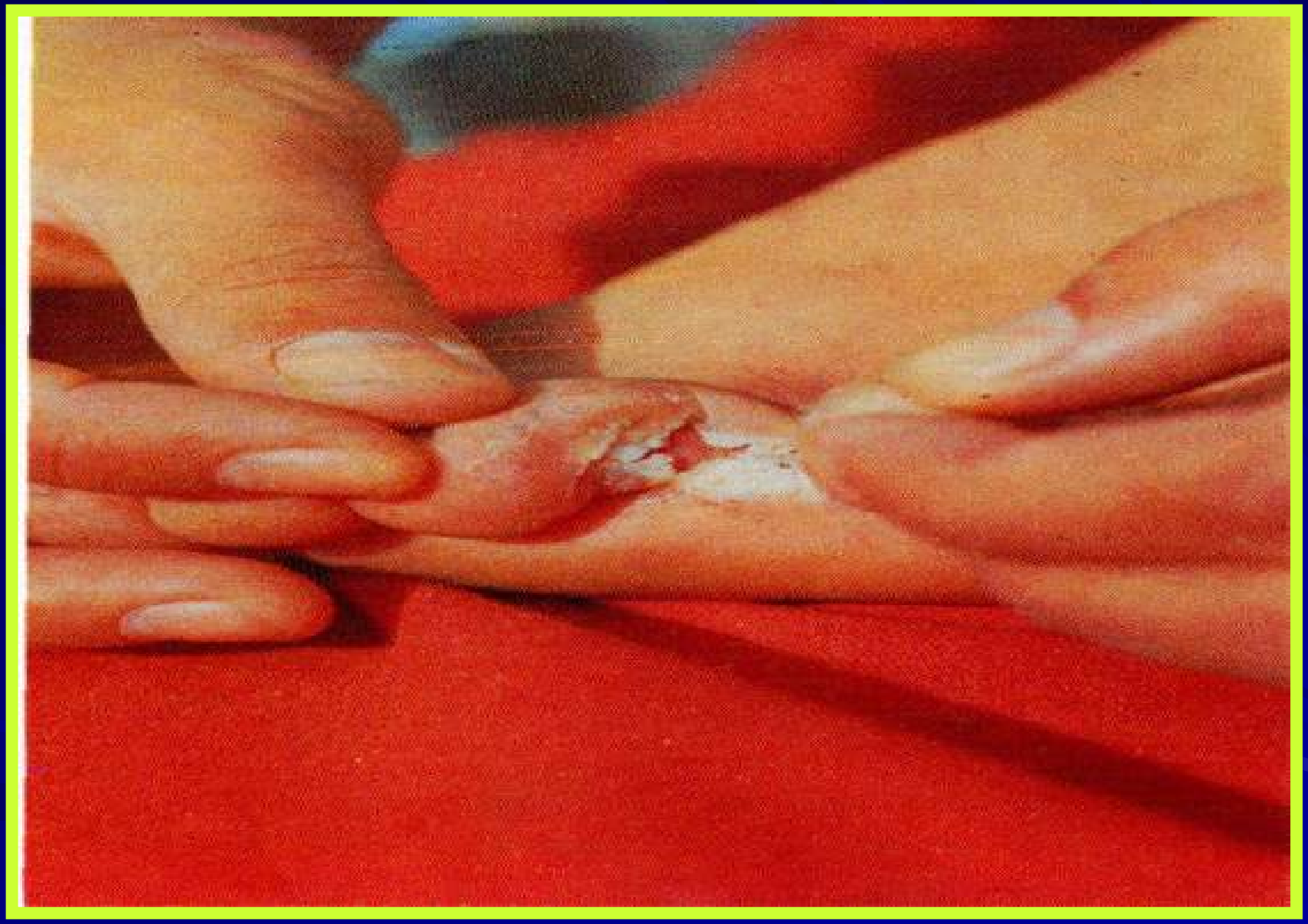


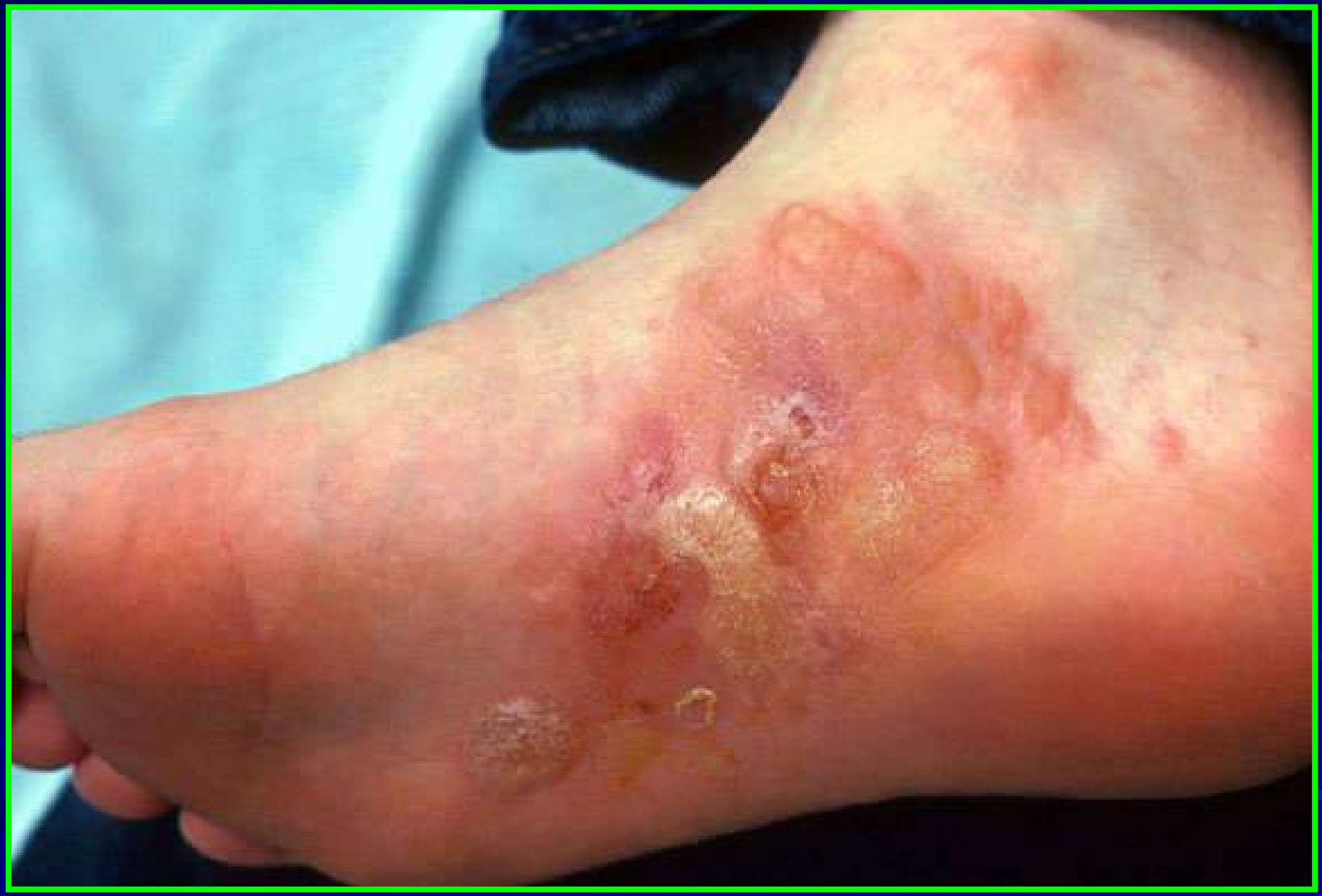




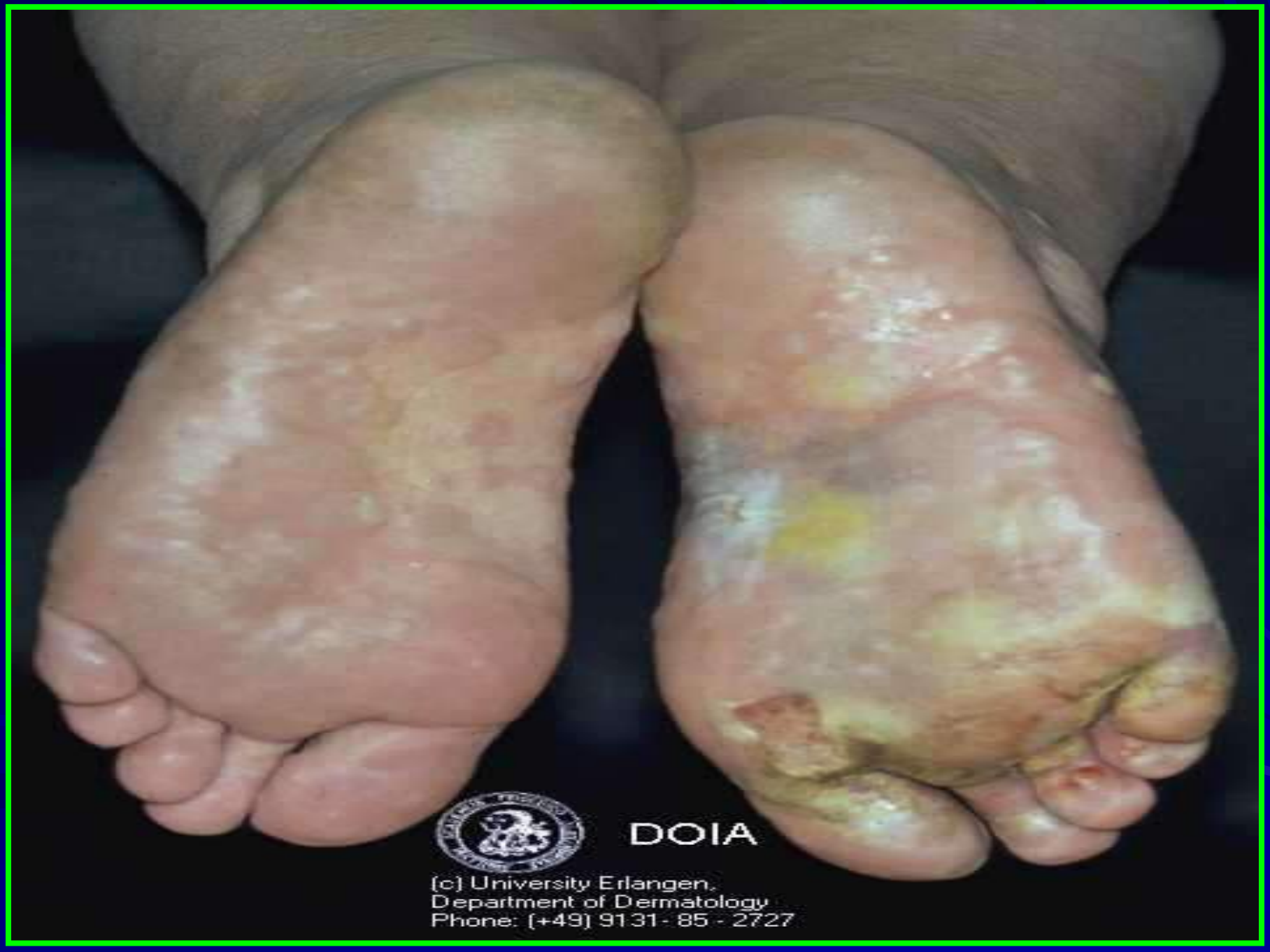








Vesiculobullous variety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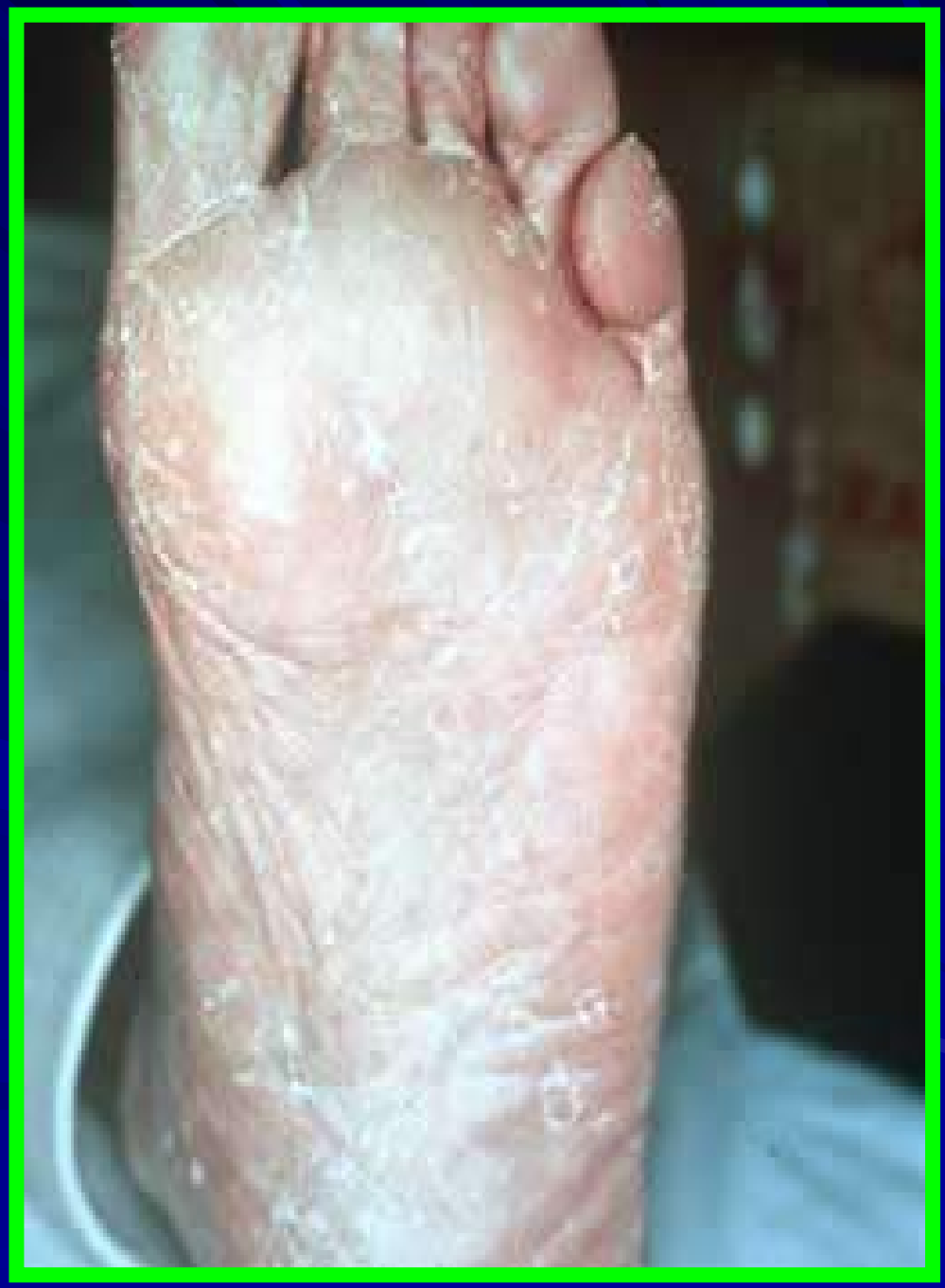
Squamous hyperkeratotic type



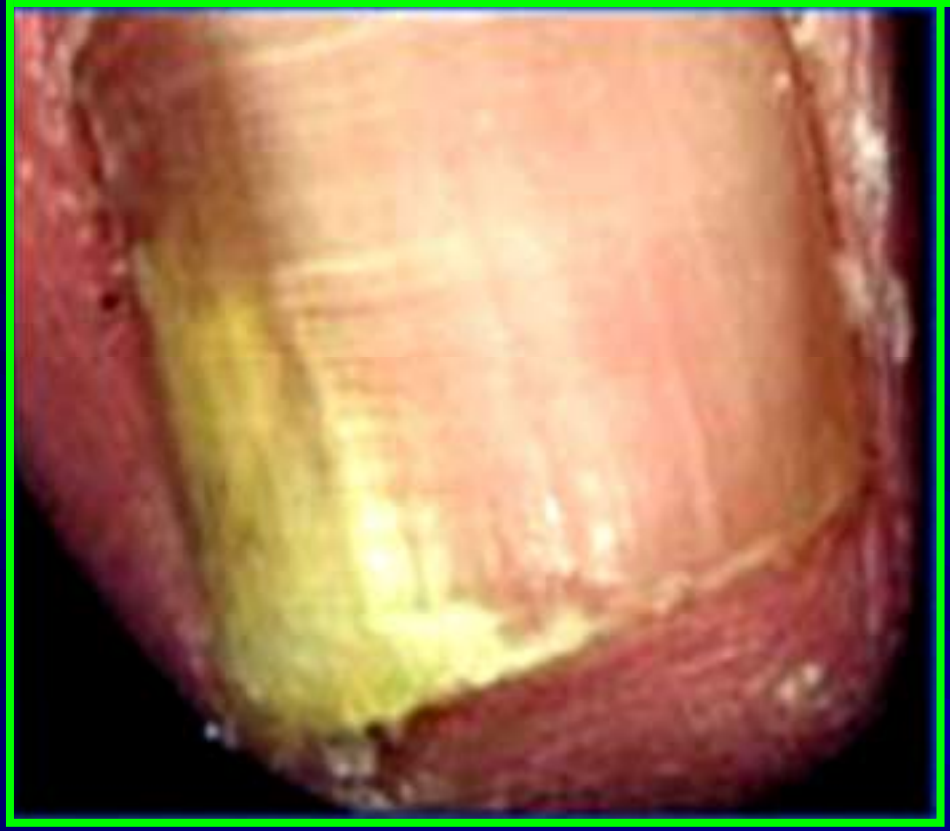
(6) Onychomycosis (Tinea unguium)

- *Nail plate becomes thickened, discolored and cracked with accumulation of subungual hyperkeratosis*
- *Later on; onycholysis and massive destruction of nail plate*
- **Treatment :**

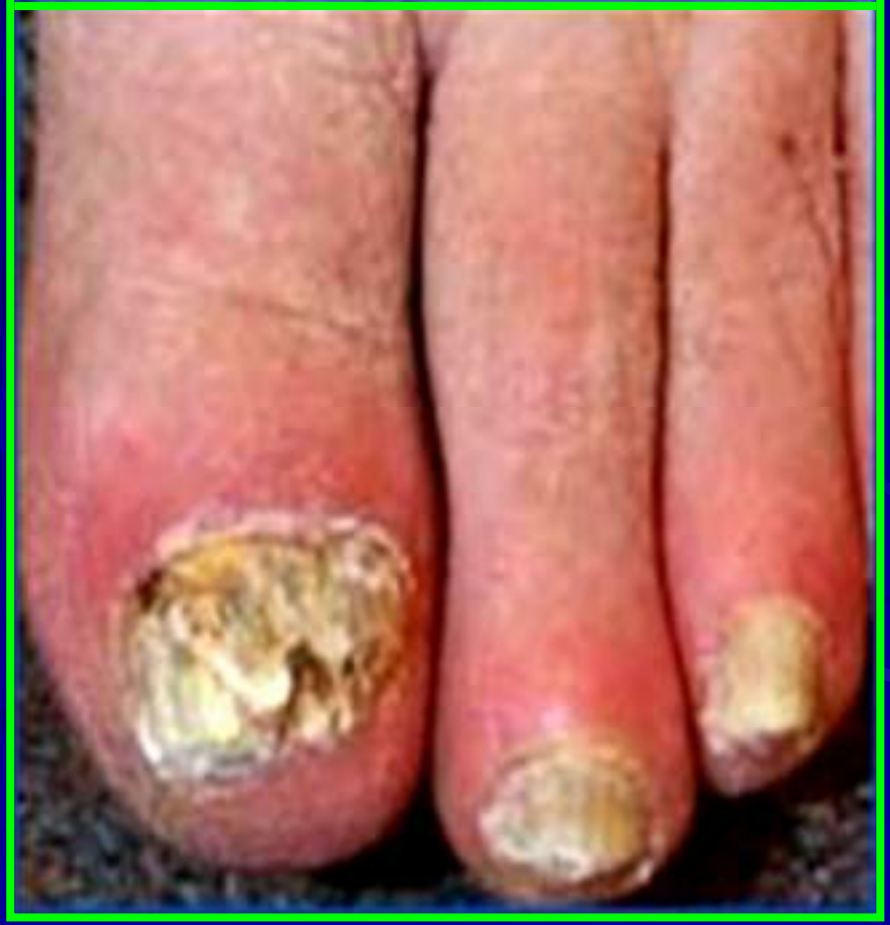
- Oral antifungals; oral terbinafine of choice

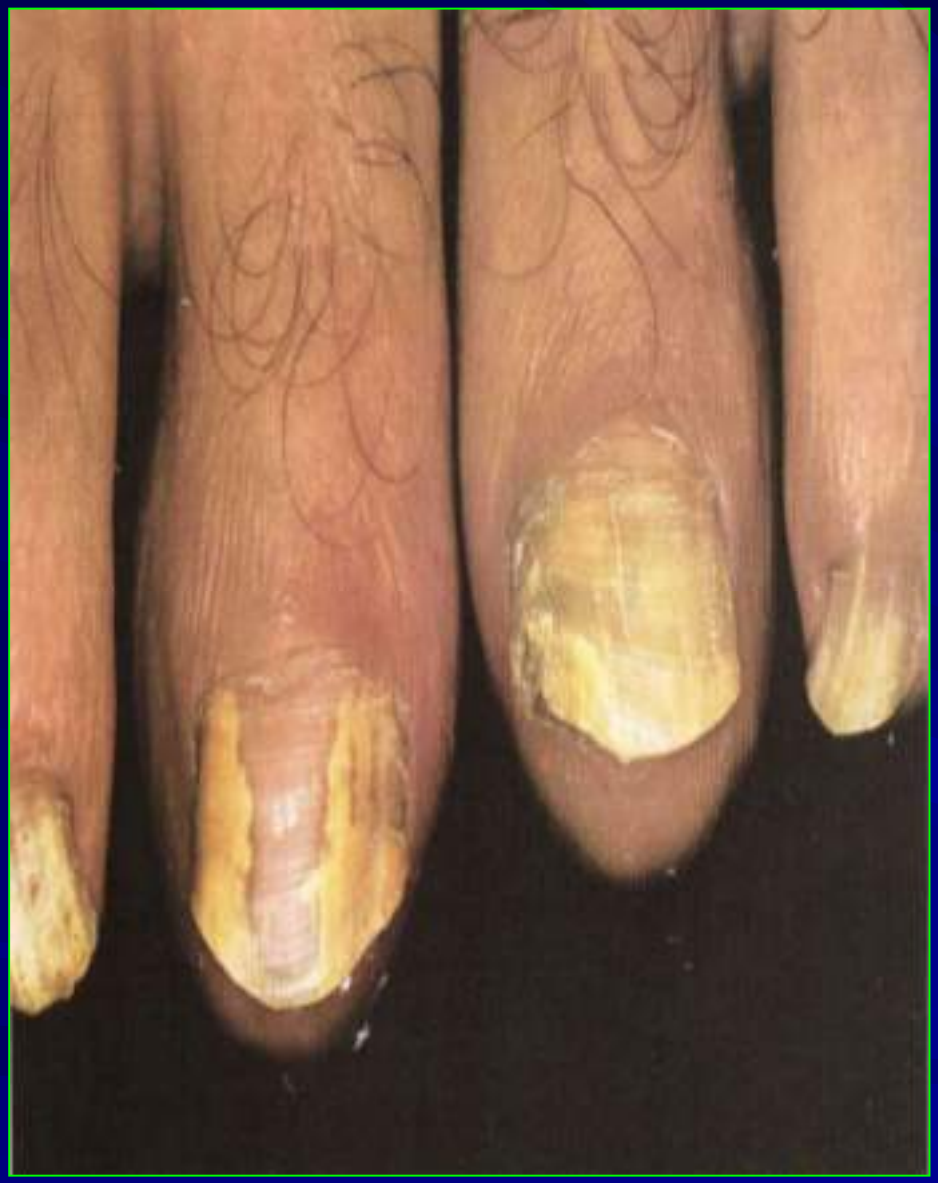
- Used for 6 weeks in finger nails & for 12 weeks for toe nails

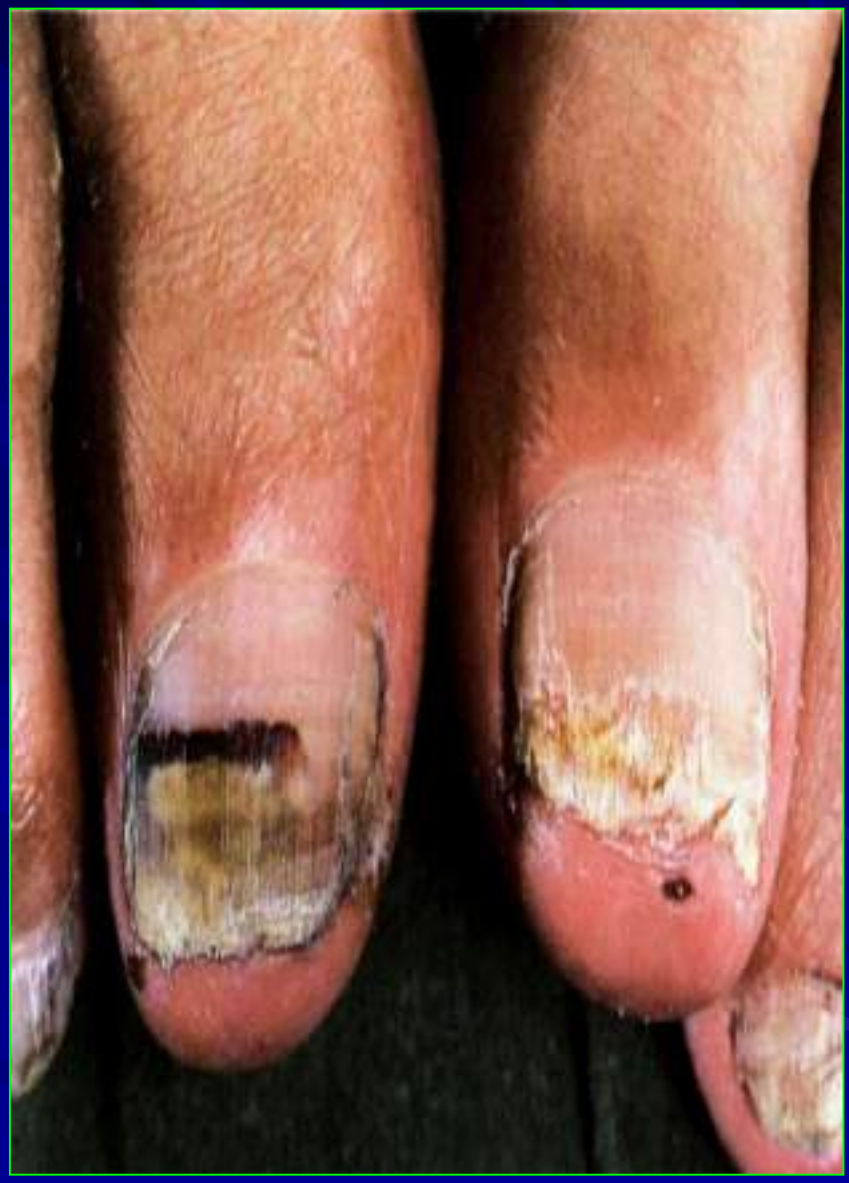
Early Stage of Infection

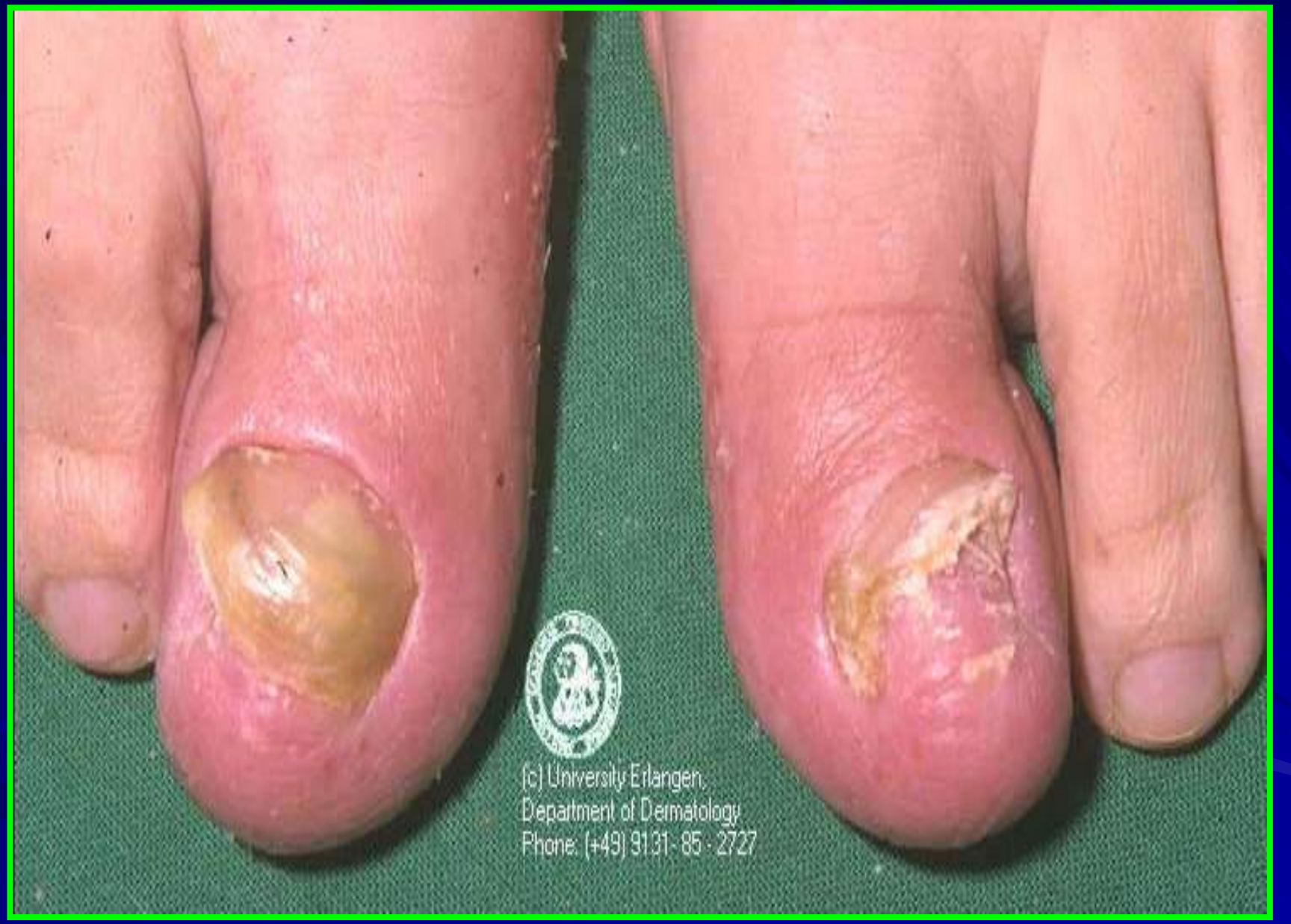


Later Stage of Infection





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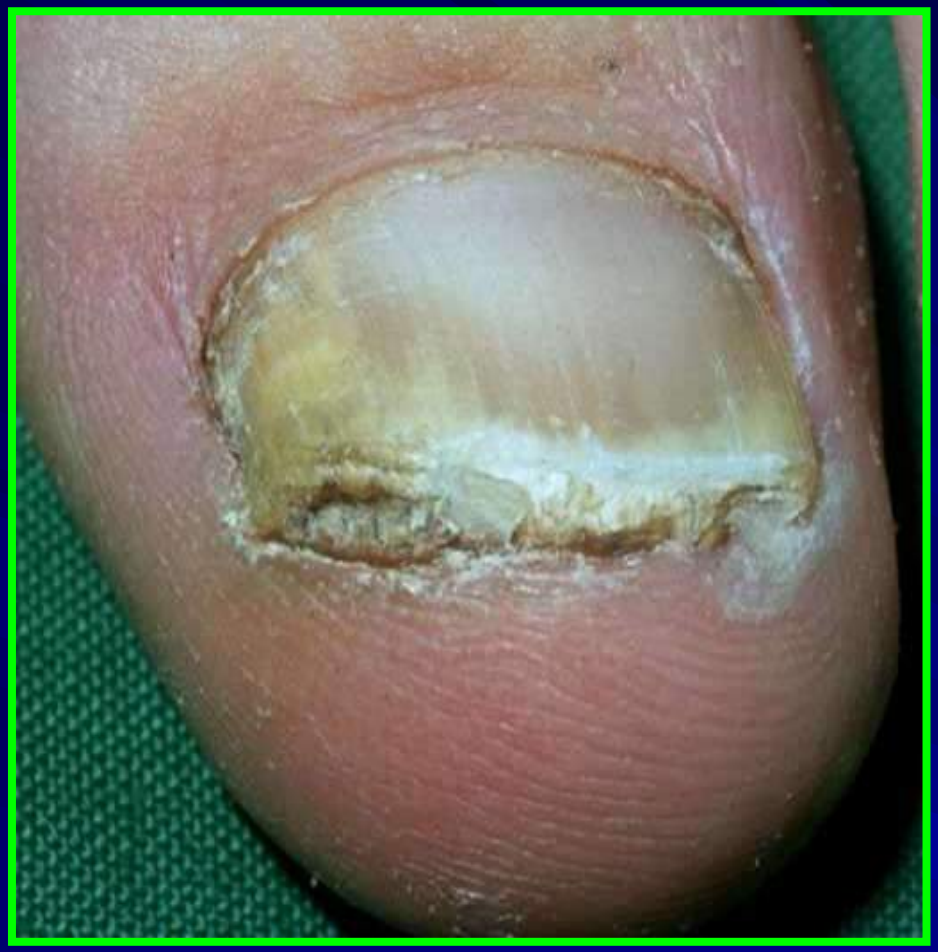

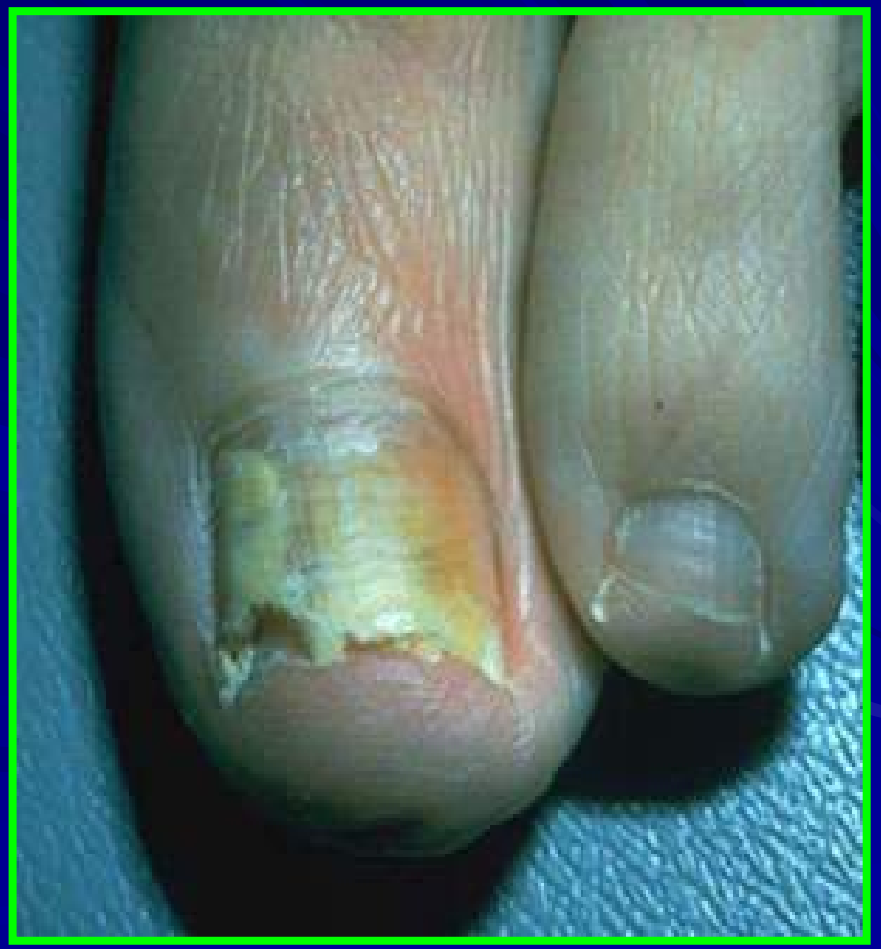

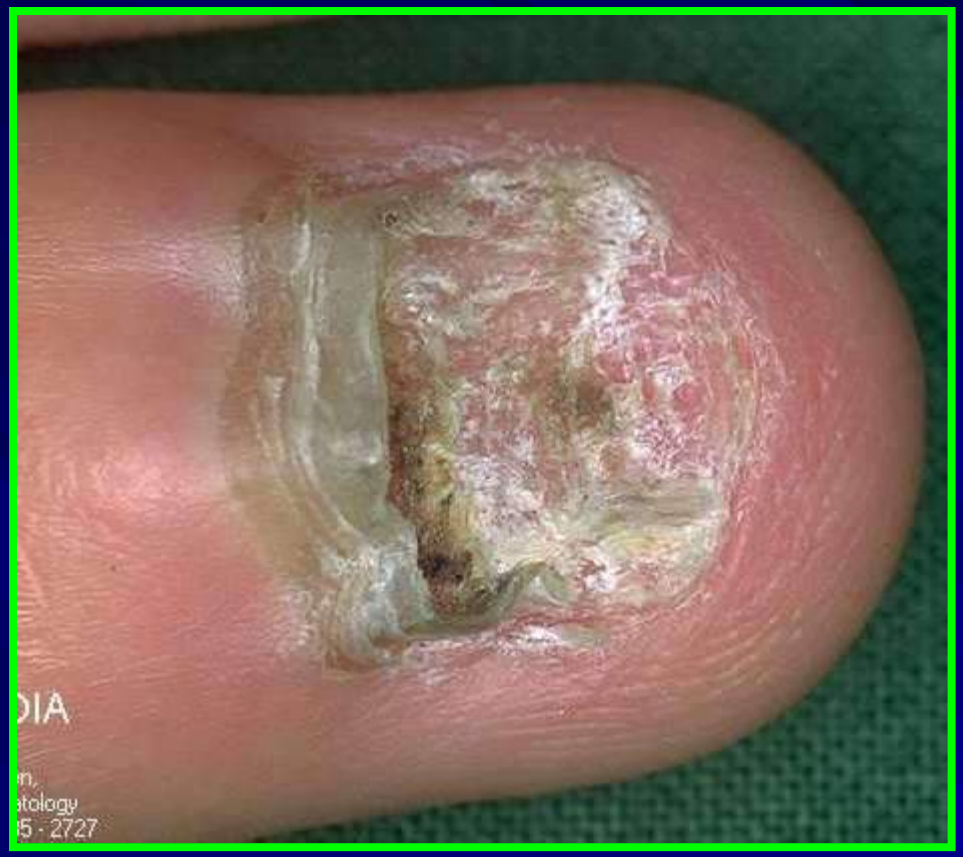
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C. dubliniensis
C. albicans
CHROMagar
YEAST
INFECTIONS

Pityriasis versicolor (Tinea versicolor)

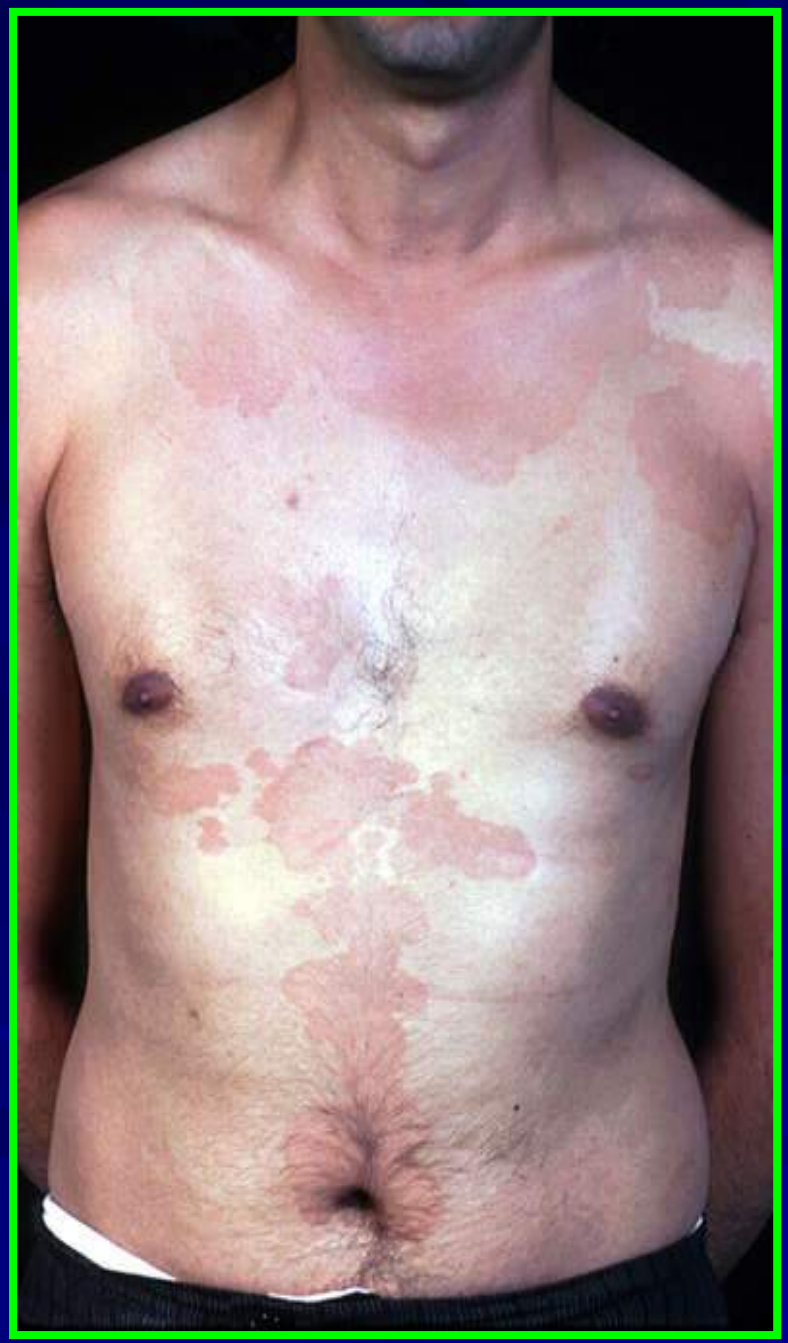
- *Mild, chronic fungal infection; caused by Malassezia furfur*
- *More common in tropical climates; with onset commonly in warmer months of year*
- *Mainly in young adults*

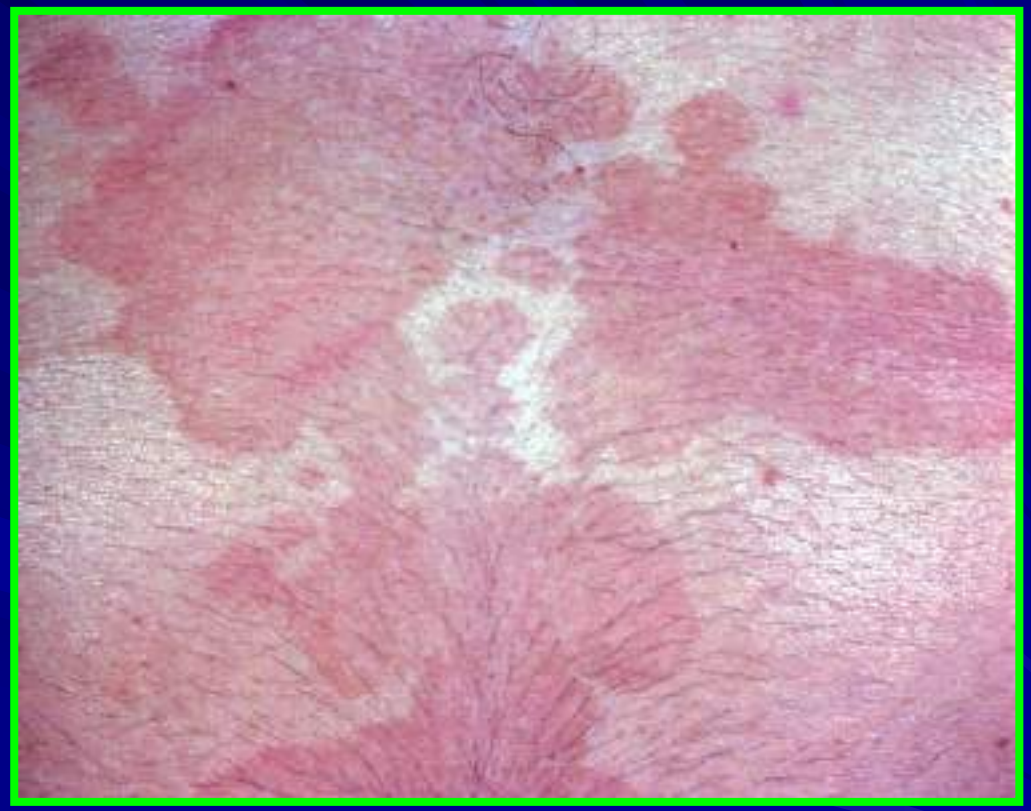
Spaghetti and meatballs appearance

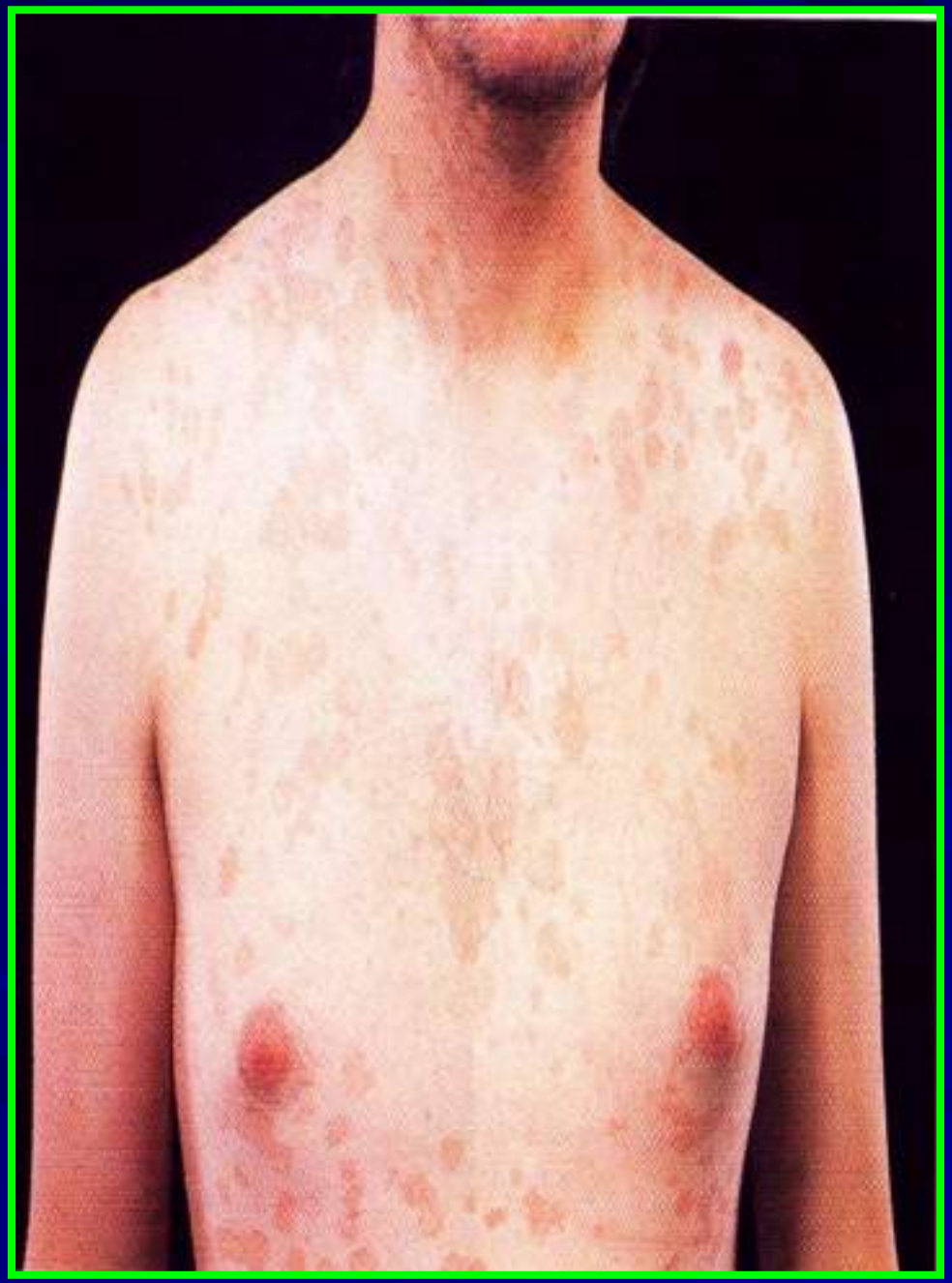
- **Clinical picture :**

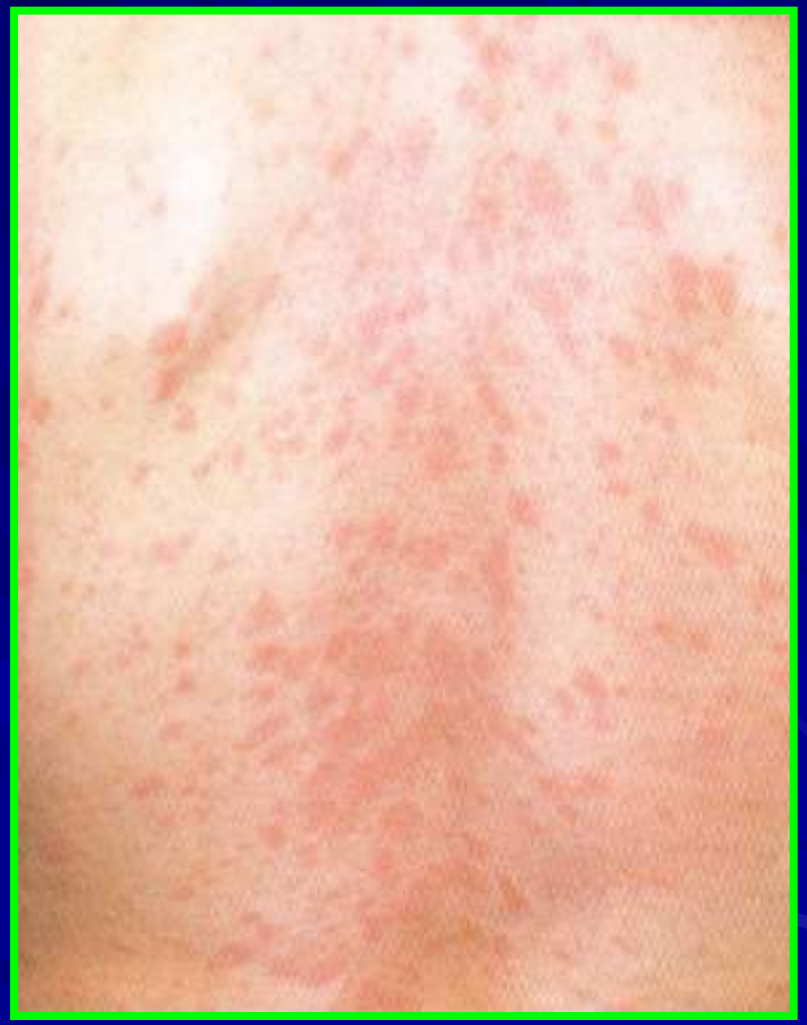
  Patient complains of change of skin color or mild itching. Primary lesion is sharply demarcated macule covered by fine branny scales. lesions may coalesce to form large confluent areas & scattered oval patches

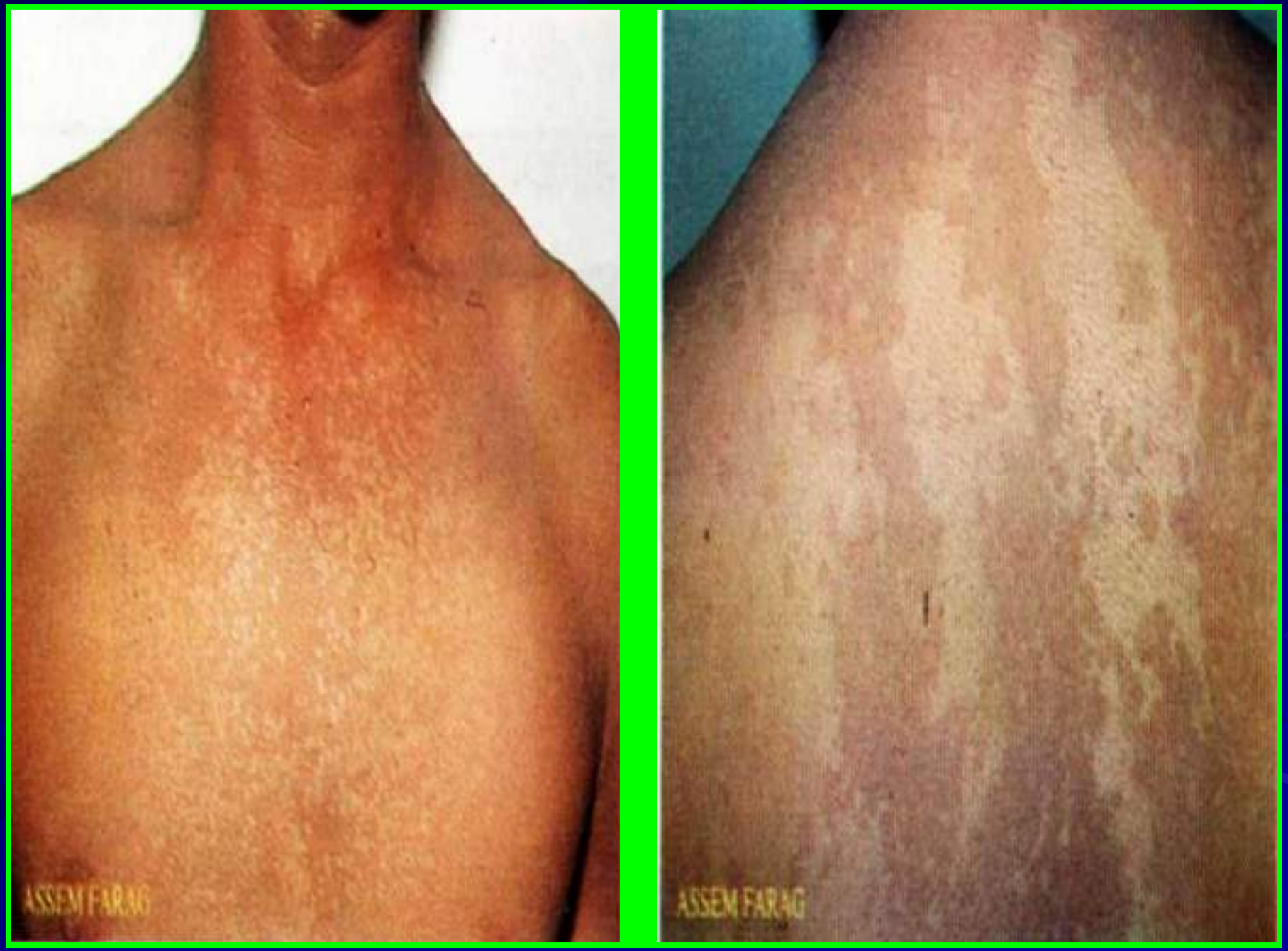
- *Patches are yellowish or brownish in white skin and hypo pigmented in dark skin*
- *Sites : chest, upper arms, abdomen, back, neck & intertriginous areas*







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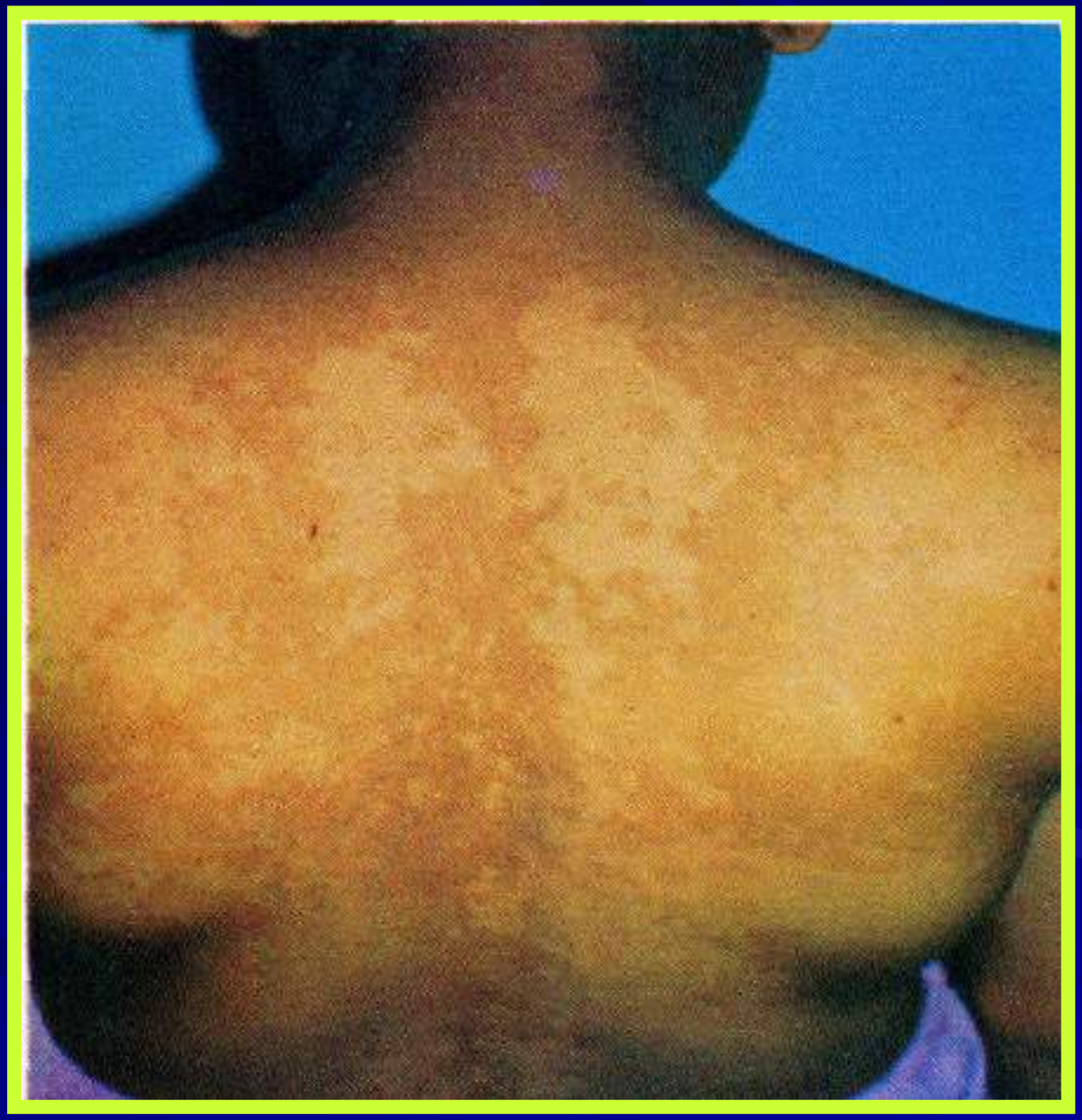
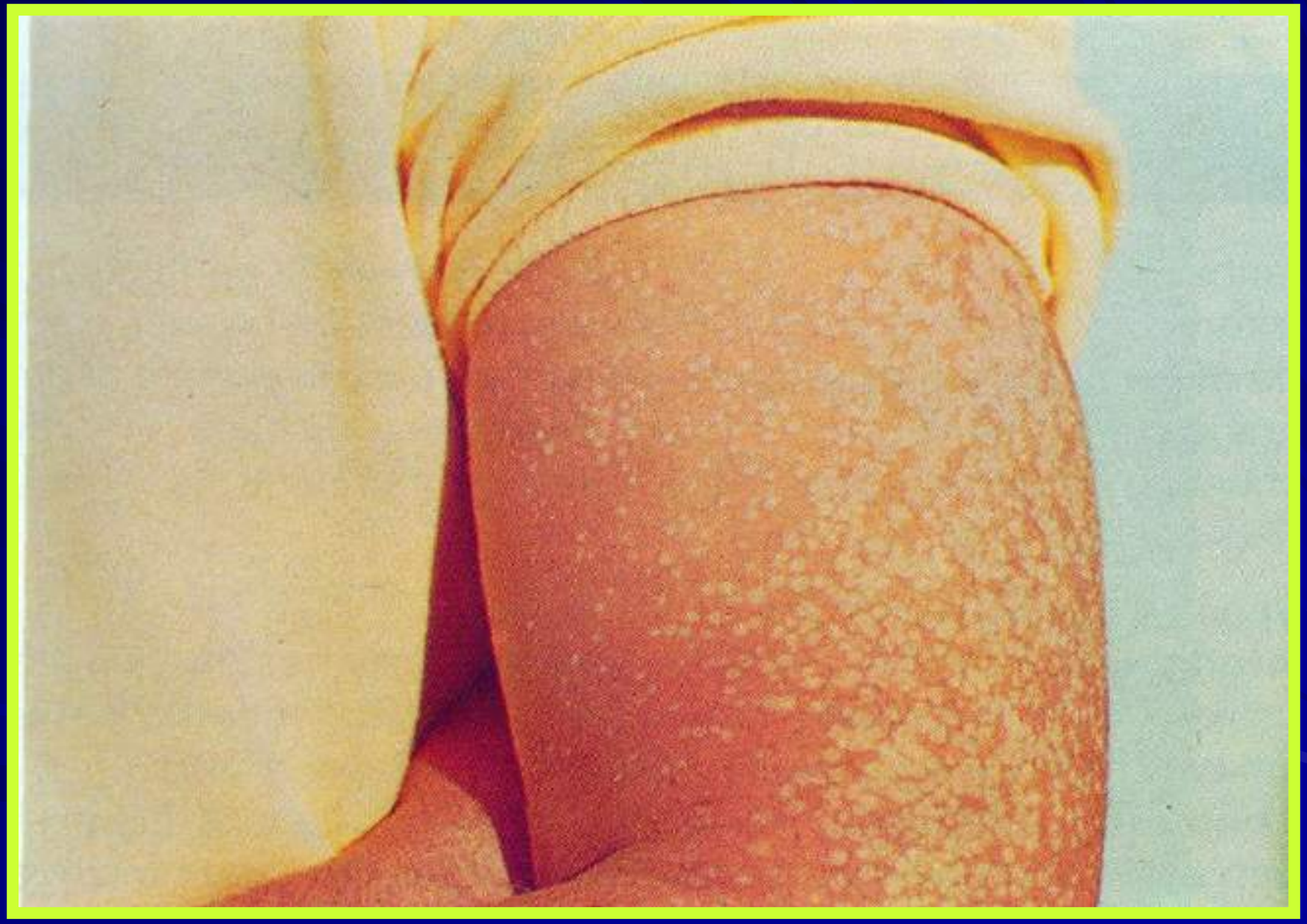
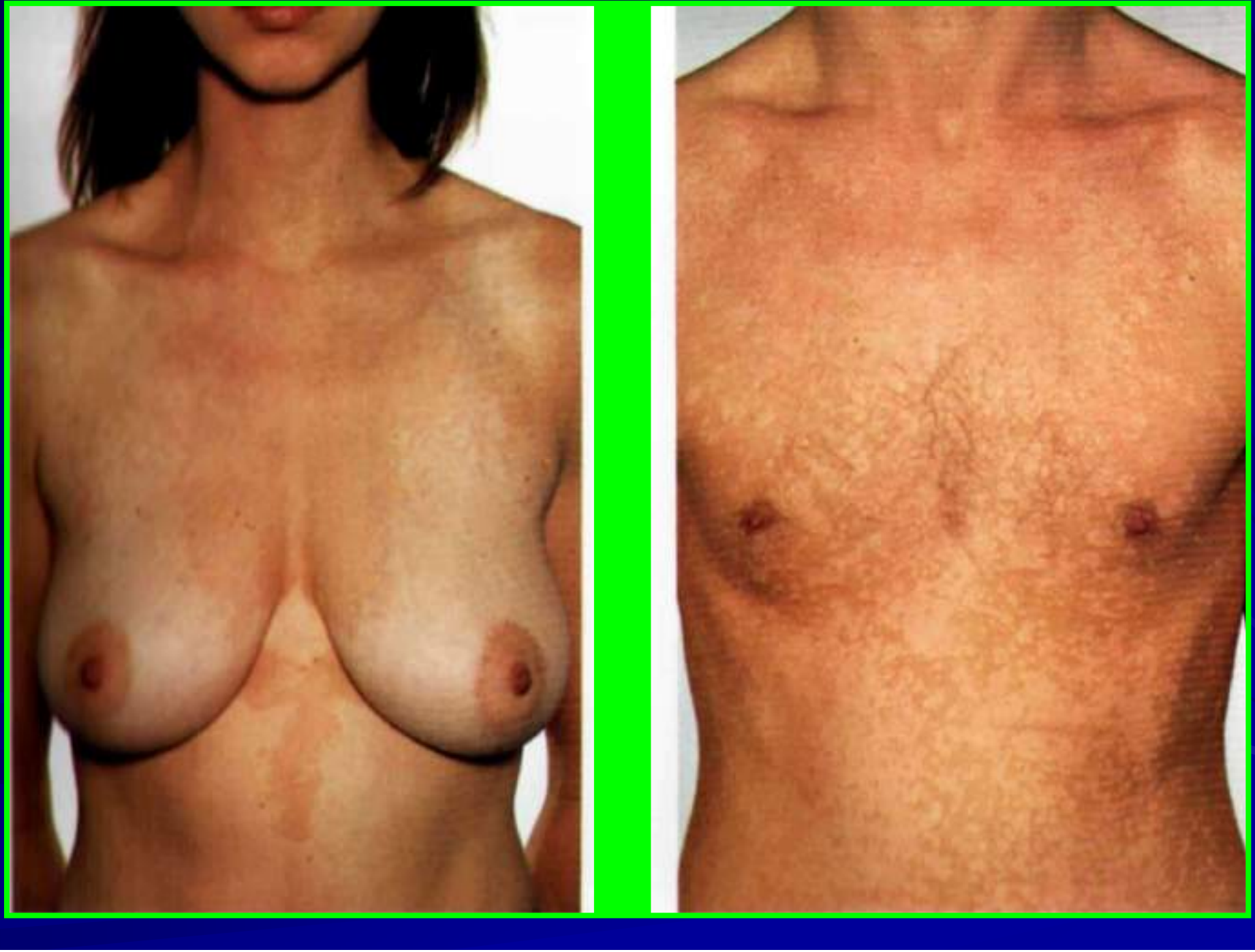
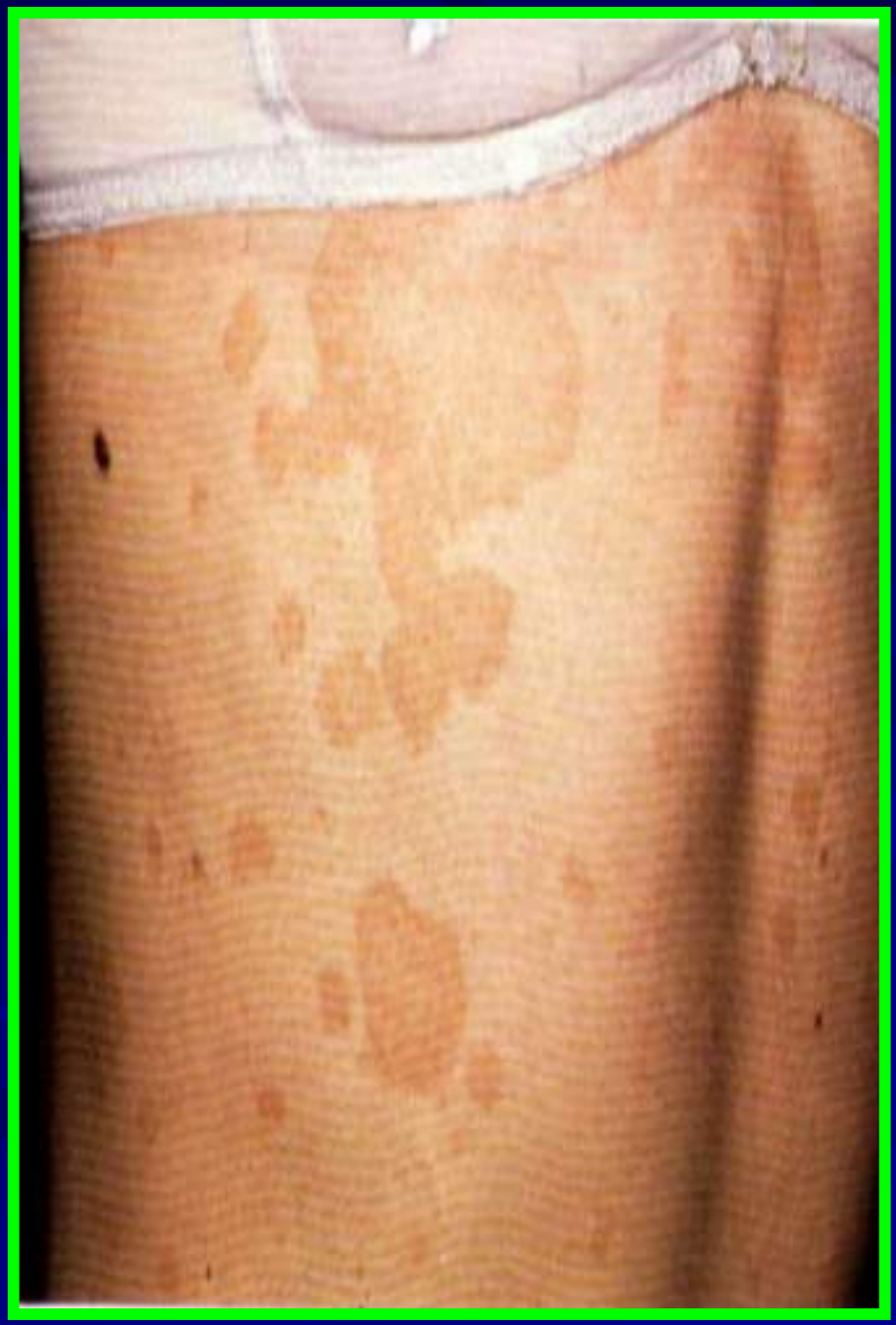
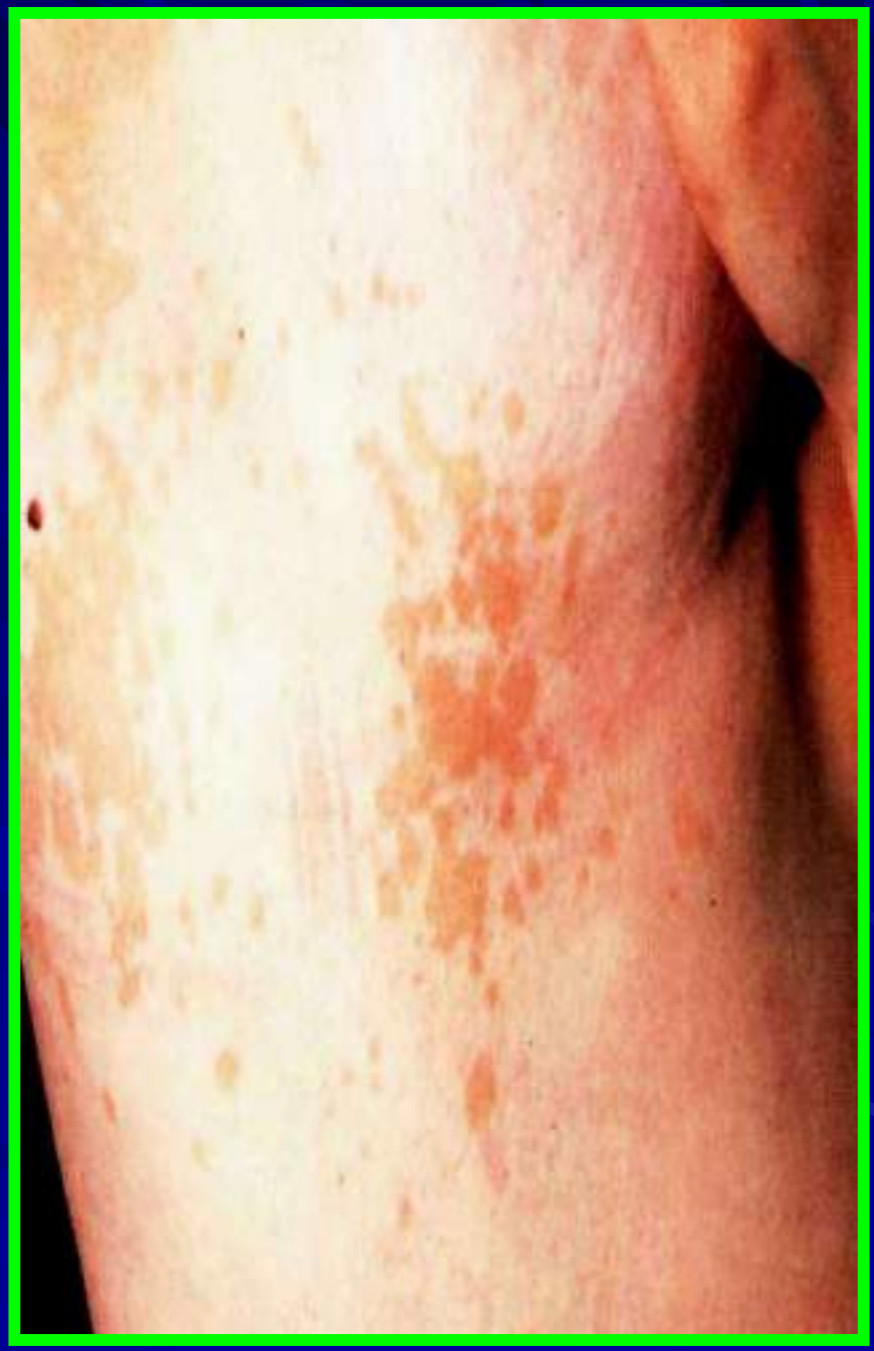
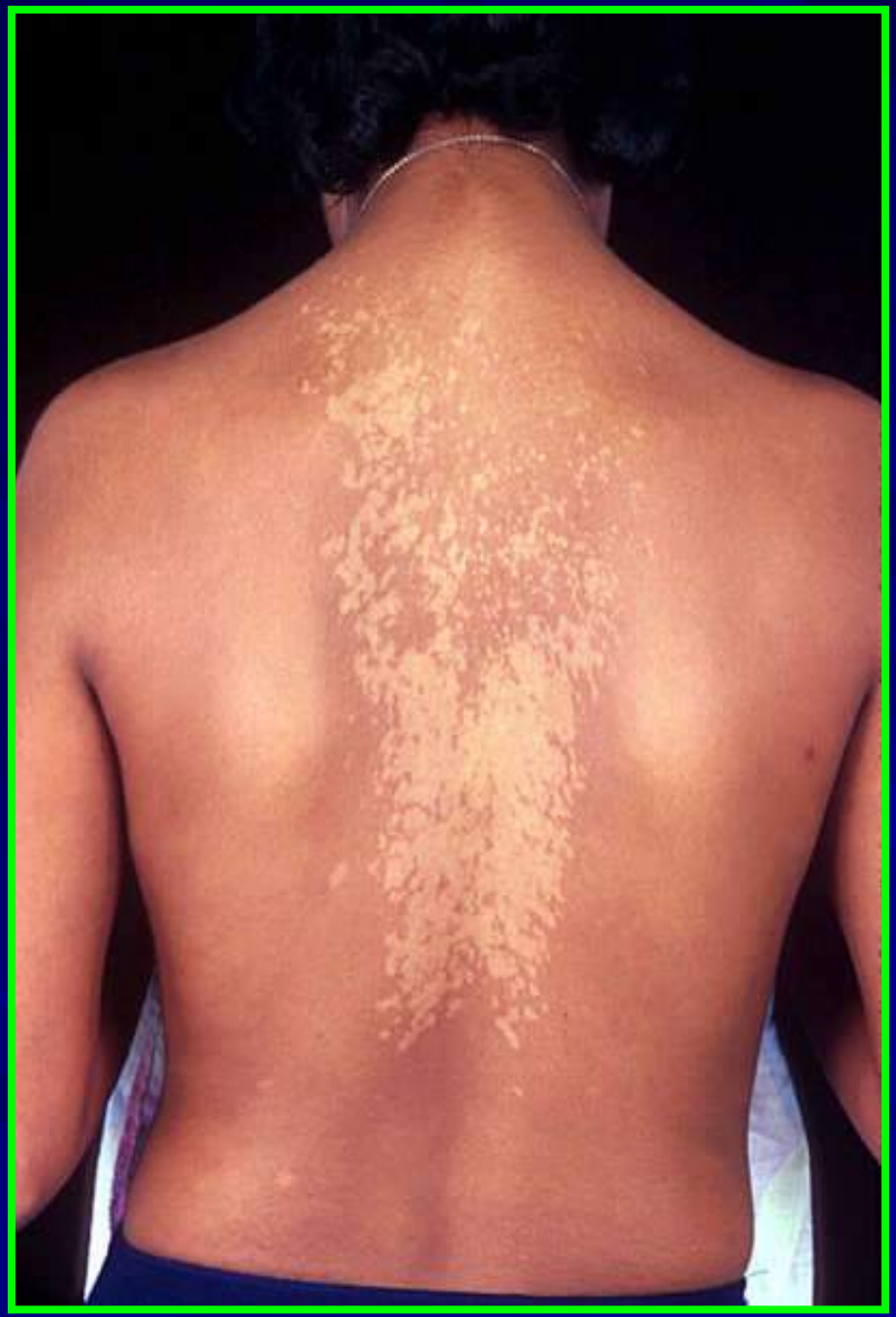


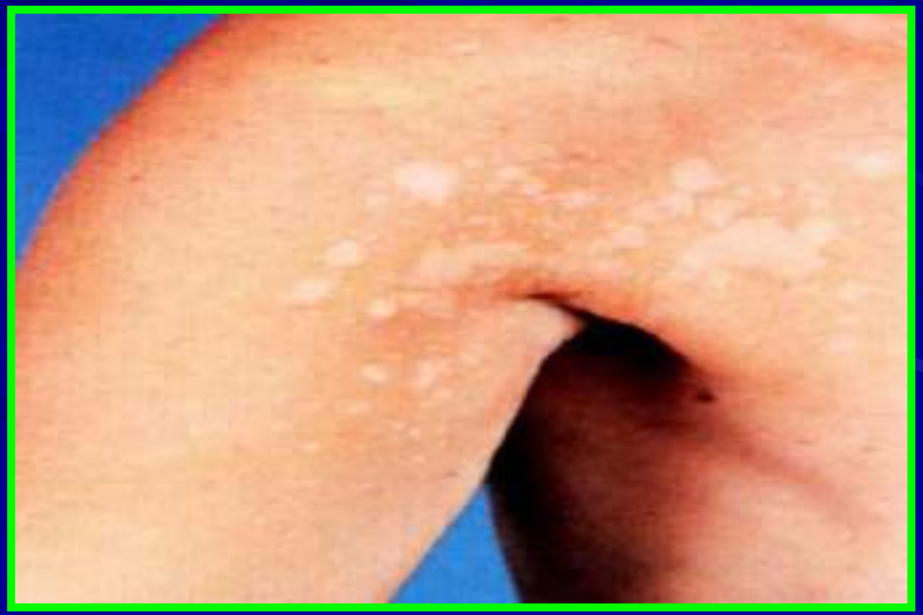


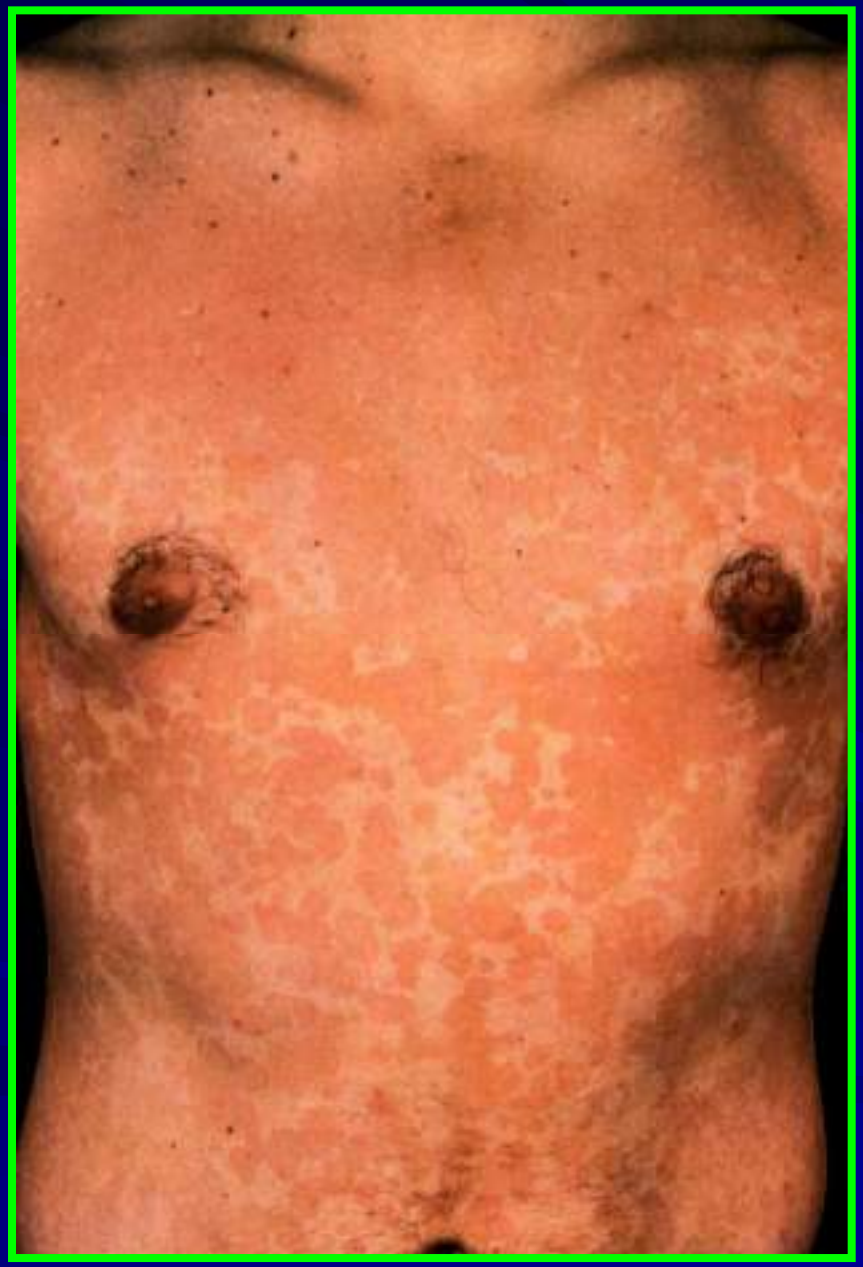


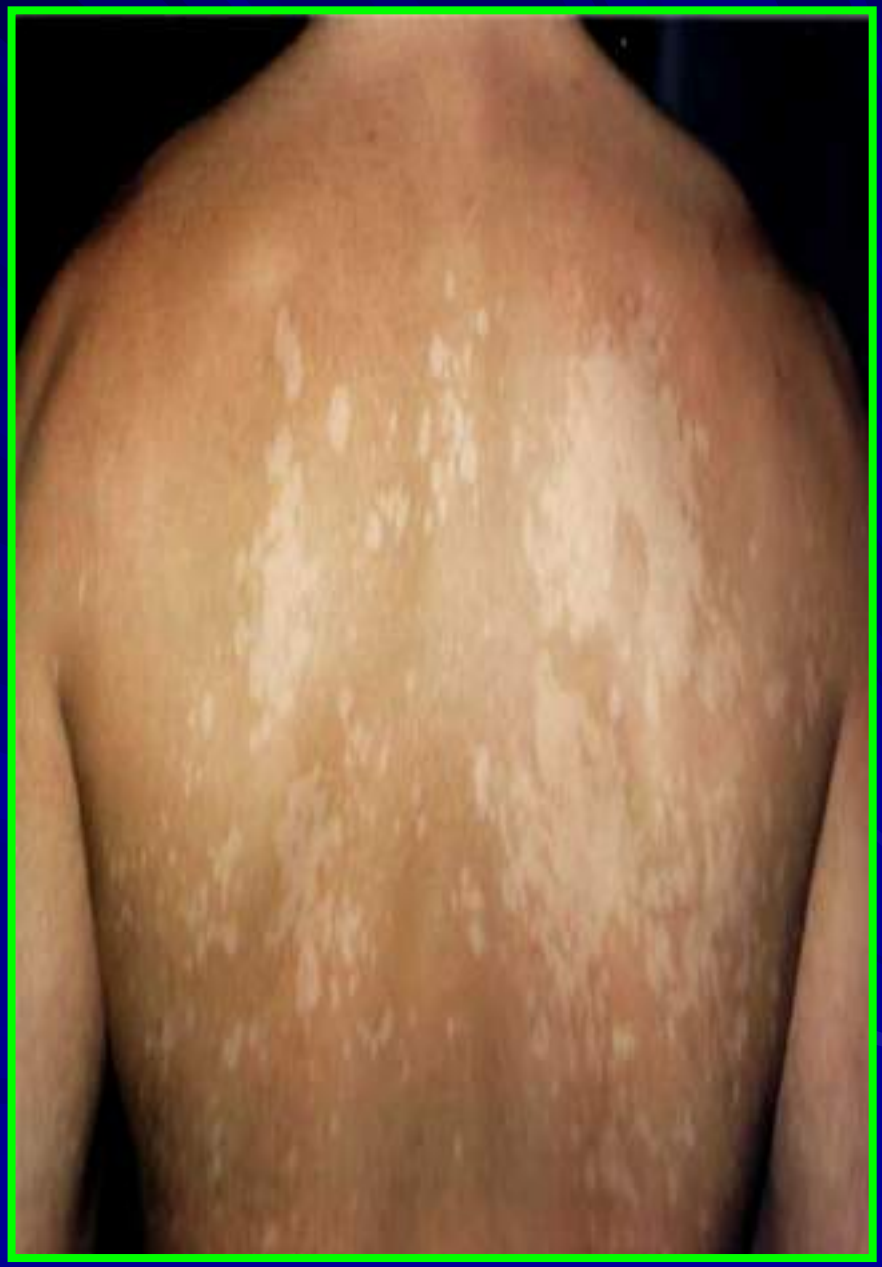


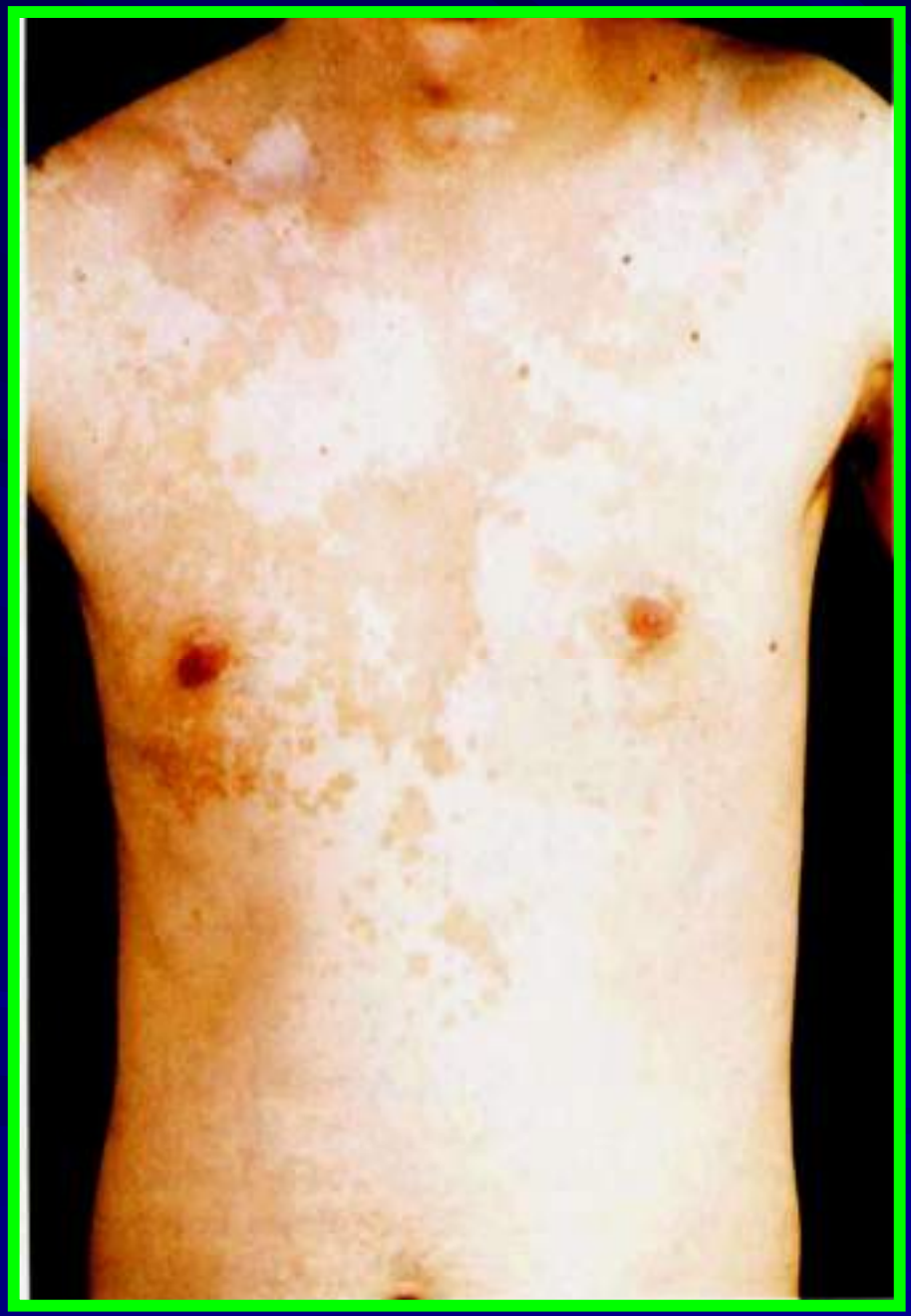


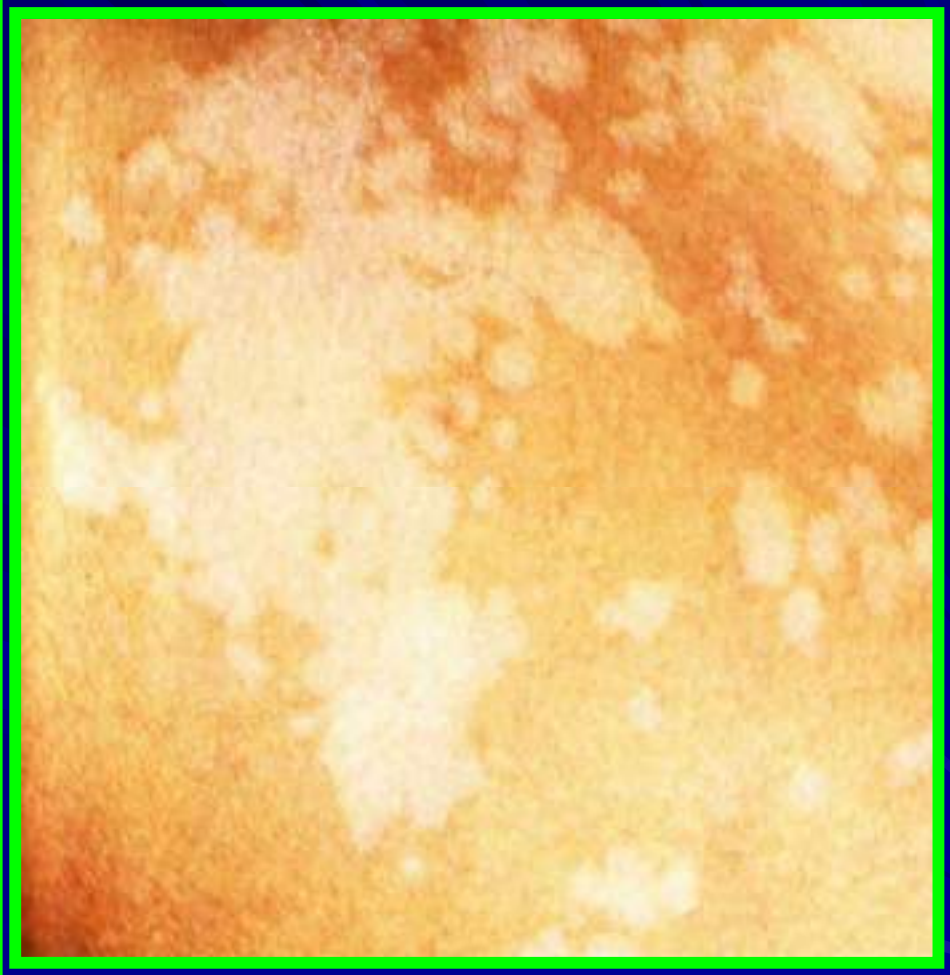


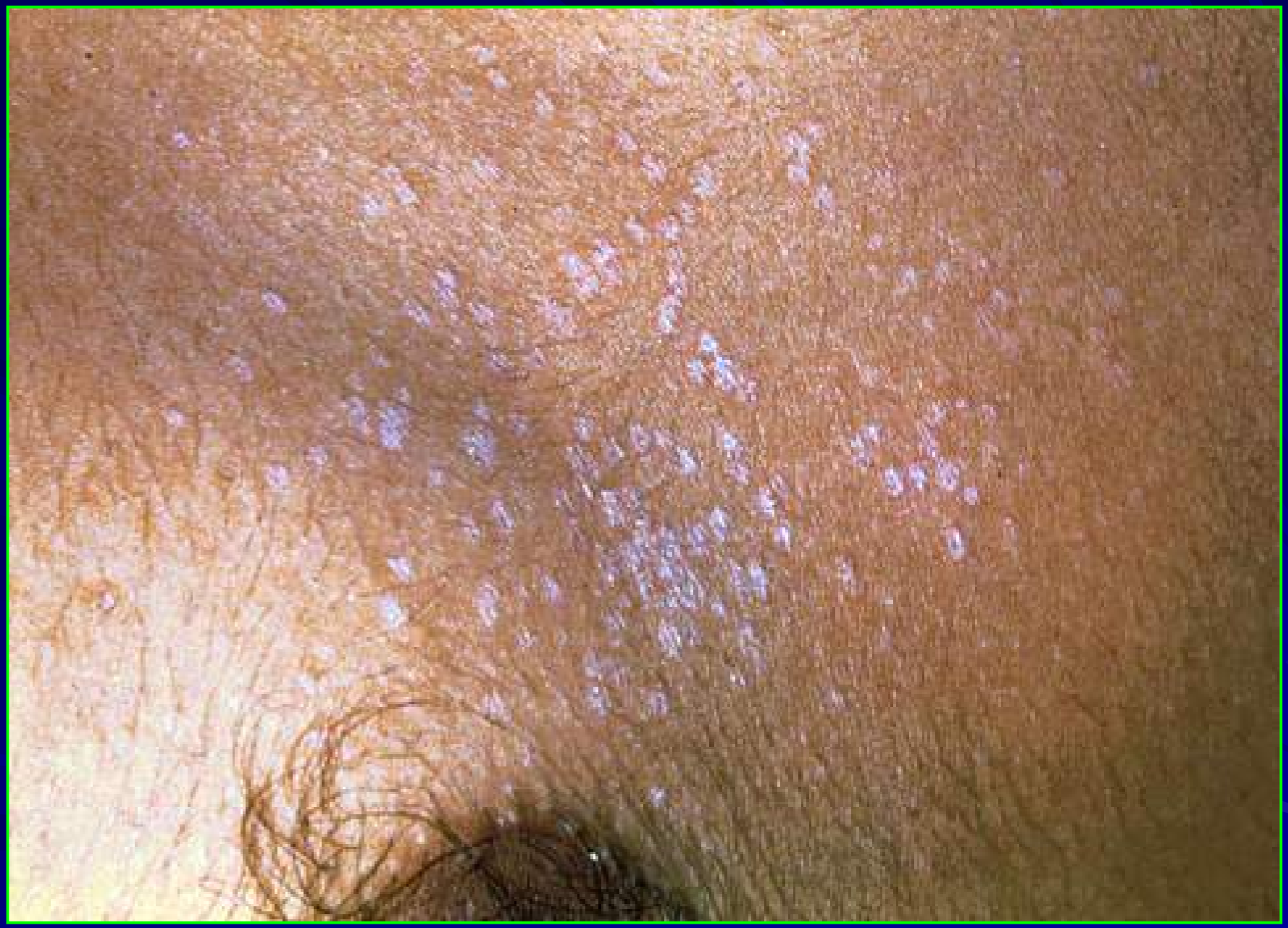












Follicular type

- *Relapse is very common*
- **Treatment :**

1- Topical antifungals daily for 2-3 weeks

2- Ketoconazole 2% shampoo

3- Selenium sulphide 2-5 % shampoo

4- Sodium hyposulphide 20 % solution

5- Oral ketoconazole, fluconazole & Itraconazole

(oral terbinafine & griseofulvin are ineffective)

Other cutaneous disorders associated with Malassezia yeasts

1) Seborrheic dermatitis

2) Atopic dermatitis

3) Pityrosporum folliculitis

4) Sebopsoriasis

5) Confluent and reticulate papillomatosis

Candidiasis

- **Causative fungi :**

Candida albicans (normal inhabitant at various sites as gut, mouth & vagina) or other species of candida.

- **Predisposing factors :**

1- Warmth, moisture & maceration of skin

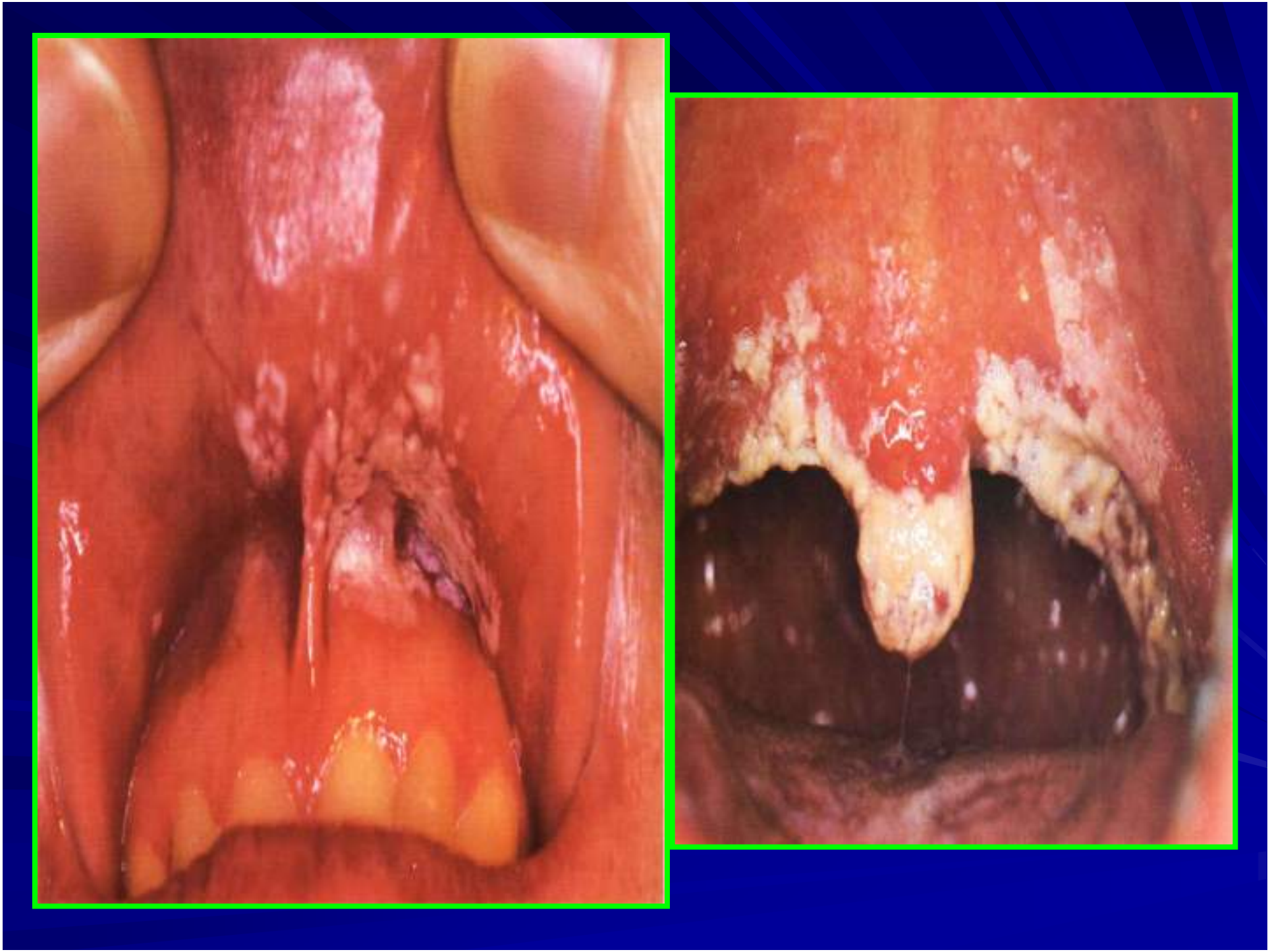
2- Drugs :e.g. prolonged use of steroids, antibiotics & immunosuppressives

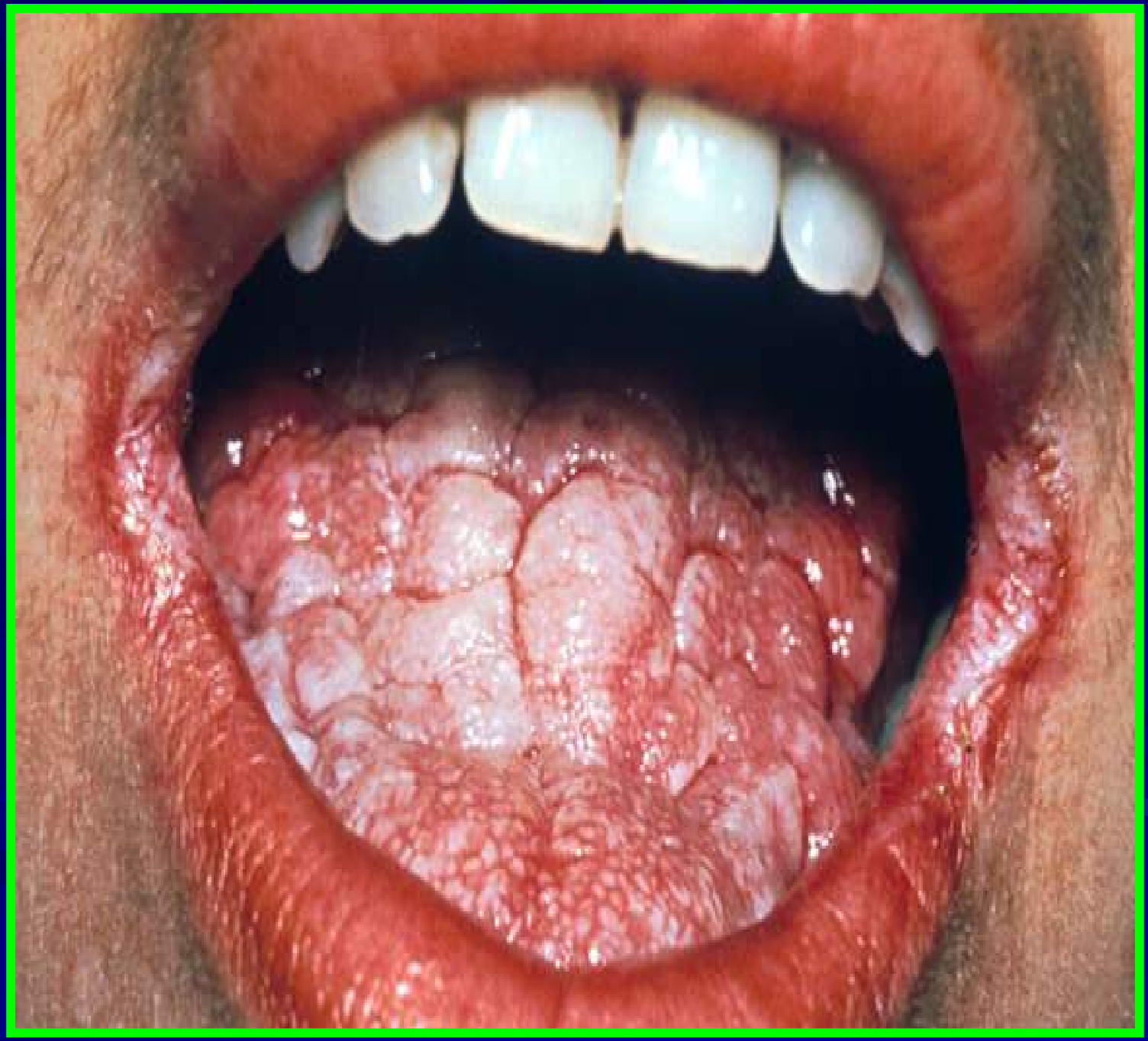
3- Chronic debilitating diseases :e.g. DM, lymphoma & carcinoma

4-AIDS

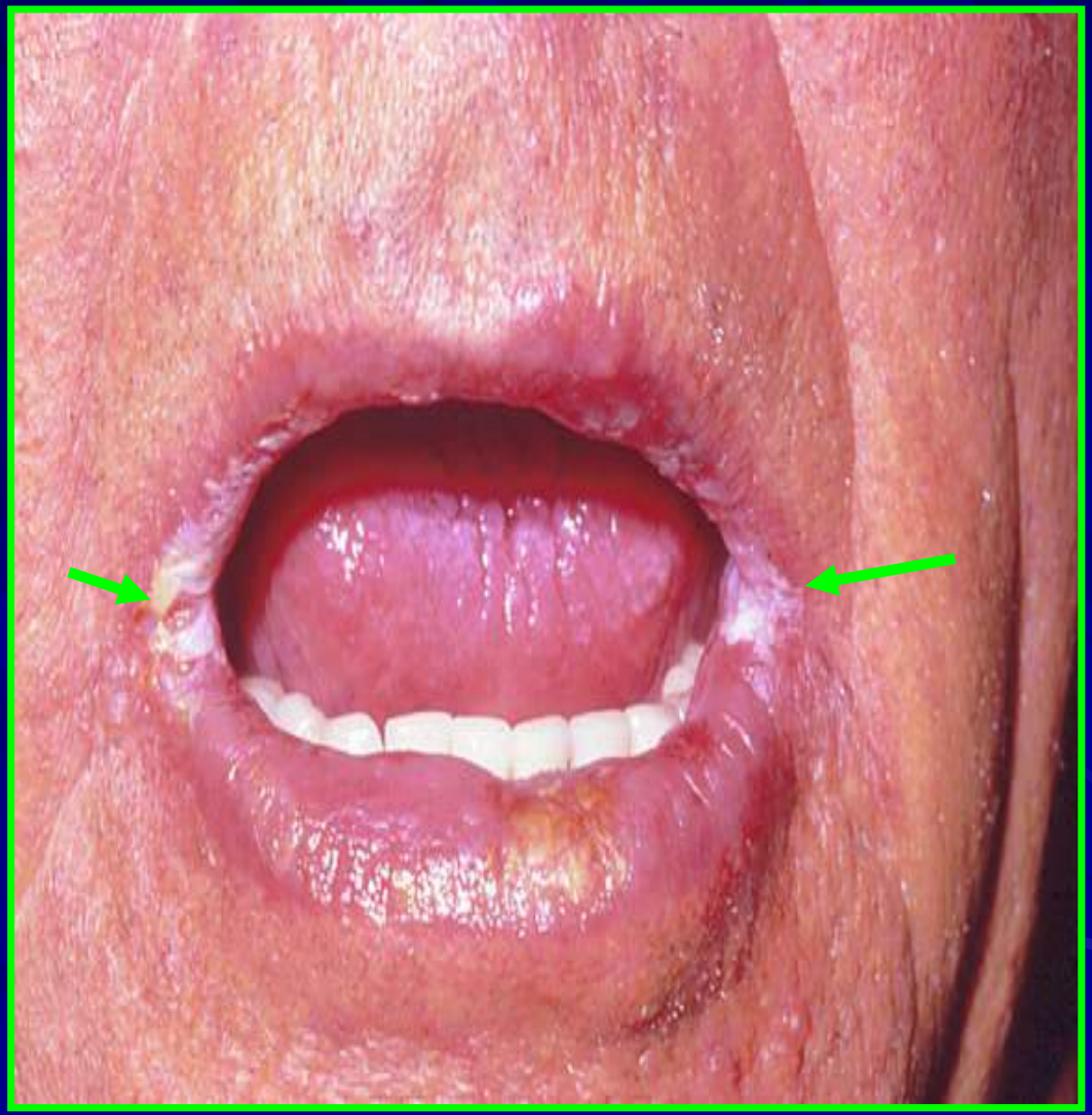
- **Clinical manifestations :**

1- Oral candidiasis (thrush): sharply defined patch of creamy, curd-like, white pseudomembrane, when removed → an erythematous base

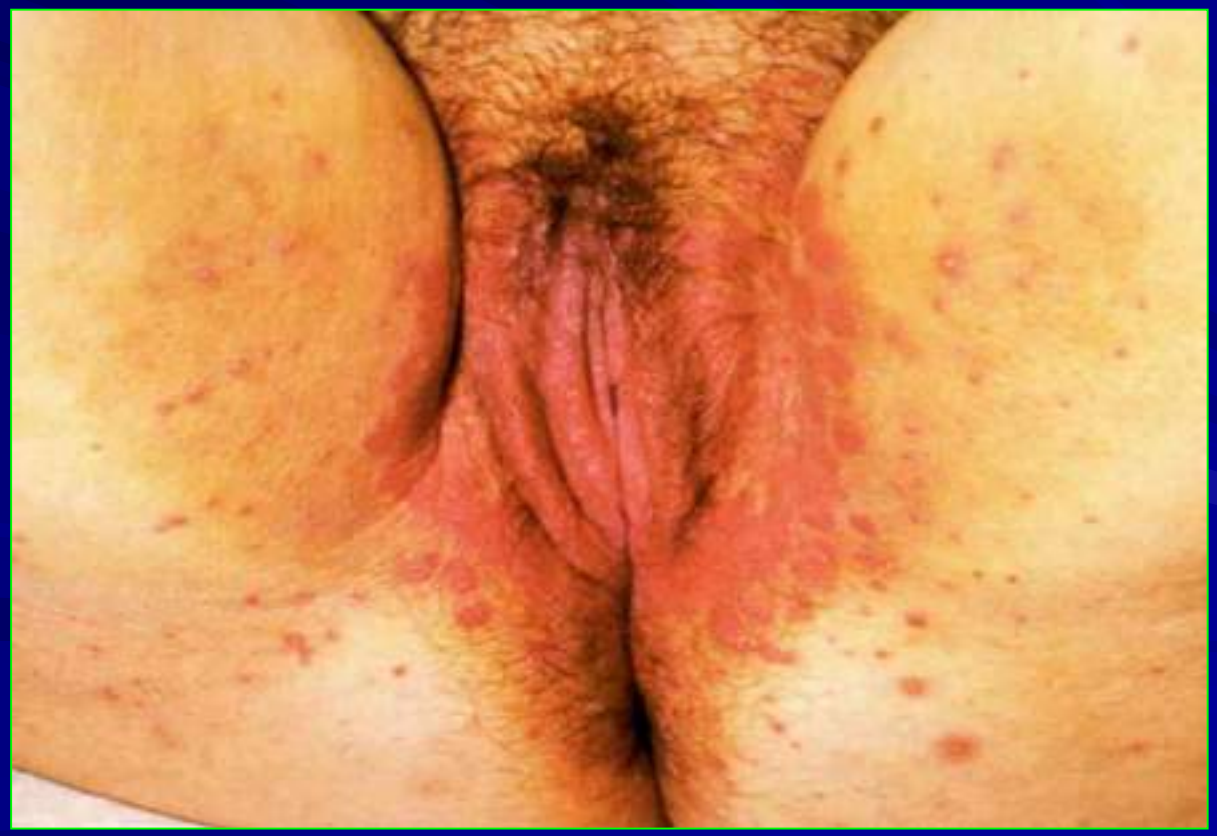


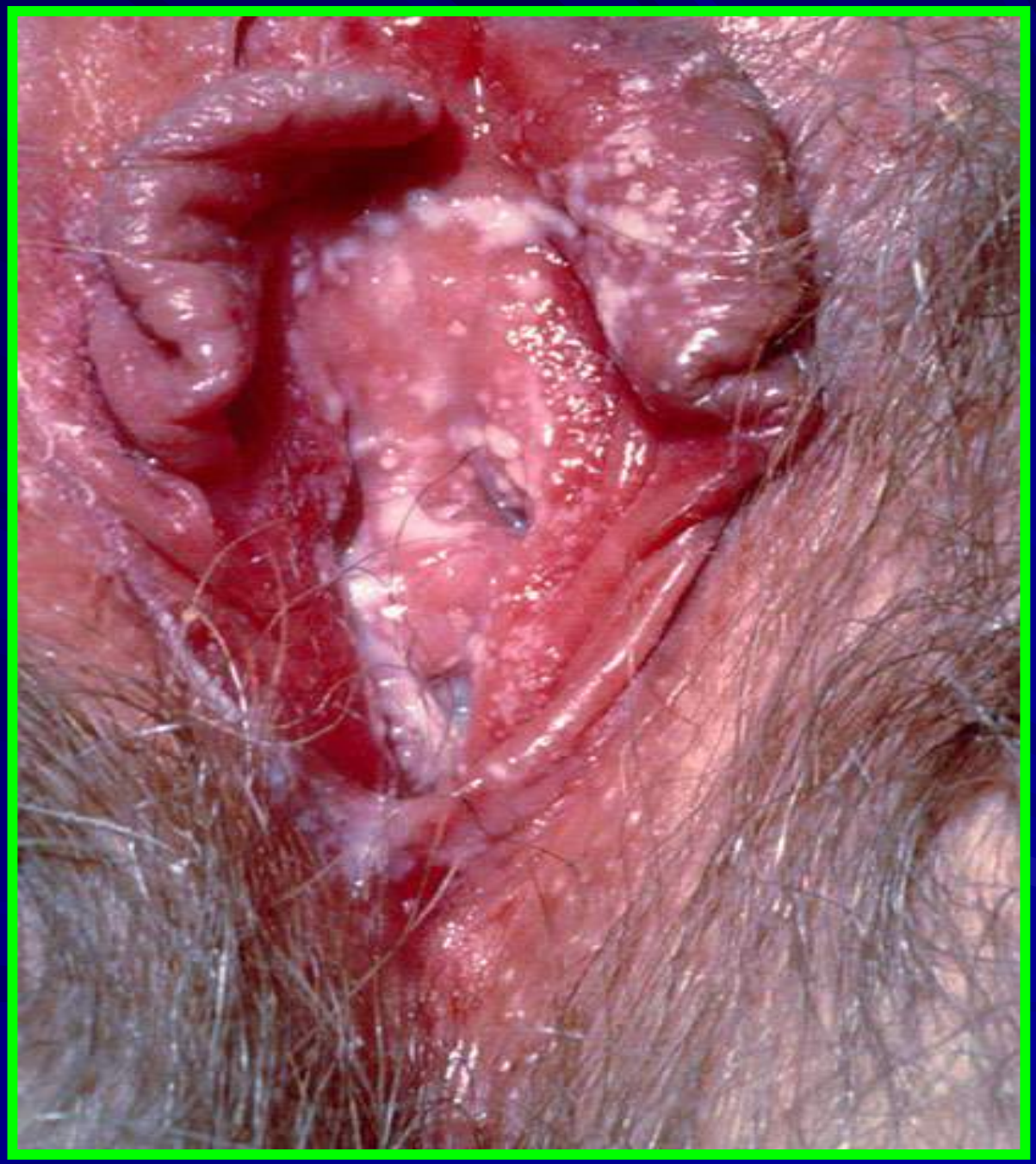


2- Perleche (angular stomatitis): *maceration with transverse fissuring of the angles of the mouth*

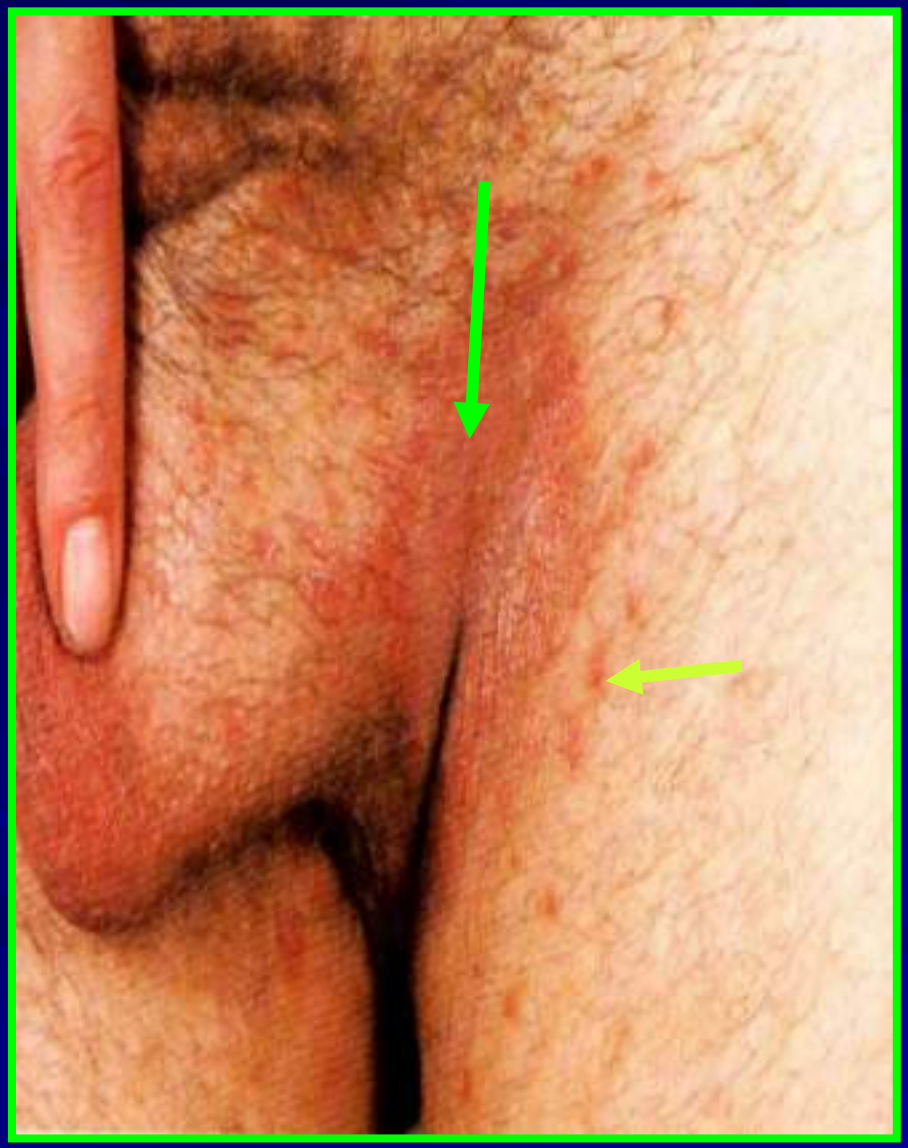


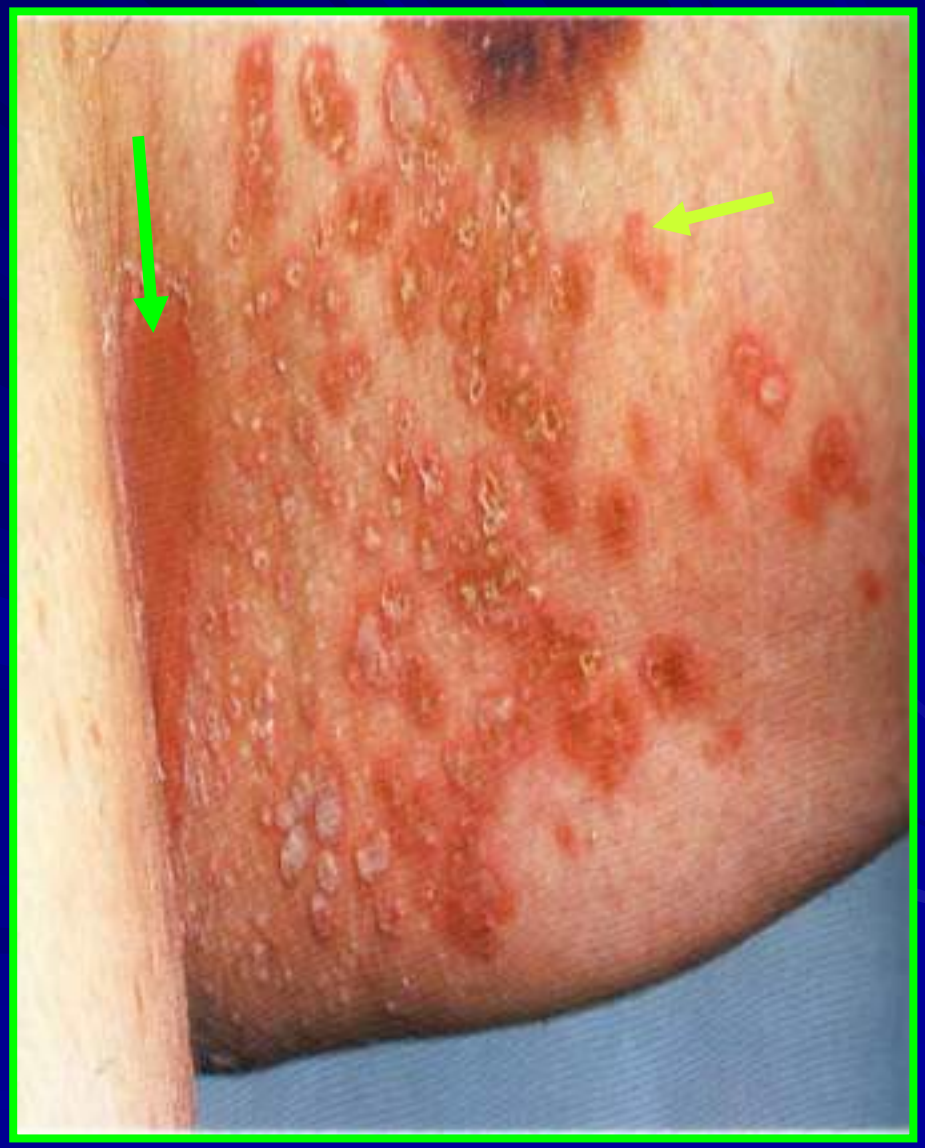
3- Candidal vulvovaginitis : labia are erythematous, moist & macerated; cervix is hyperaemic, swollen & eroded with some vesicles on its surface. Vaginal discharge is thick & tenacious

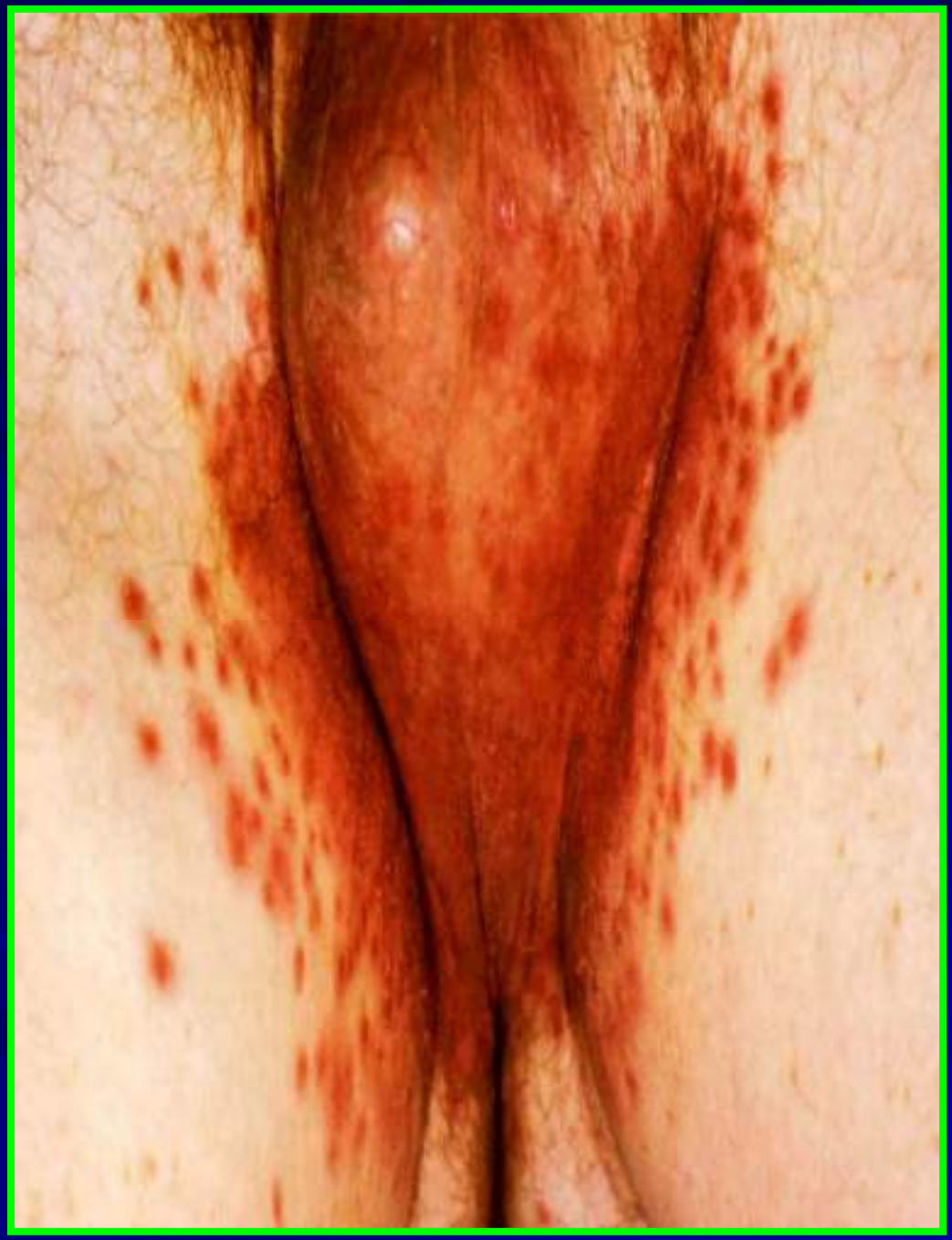


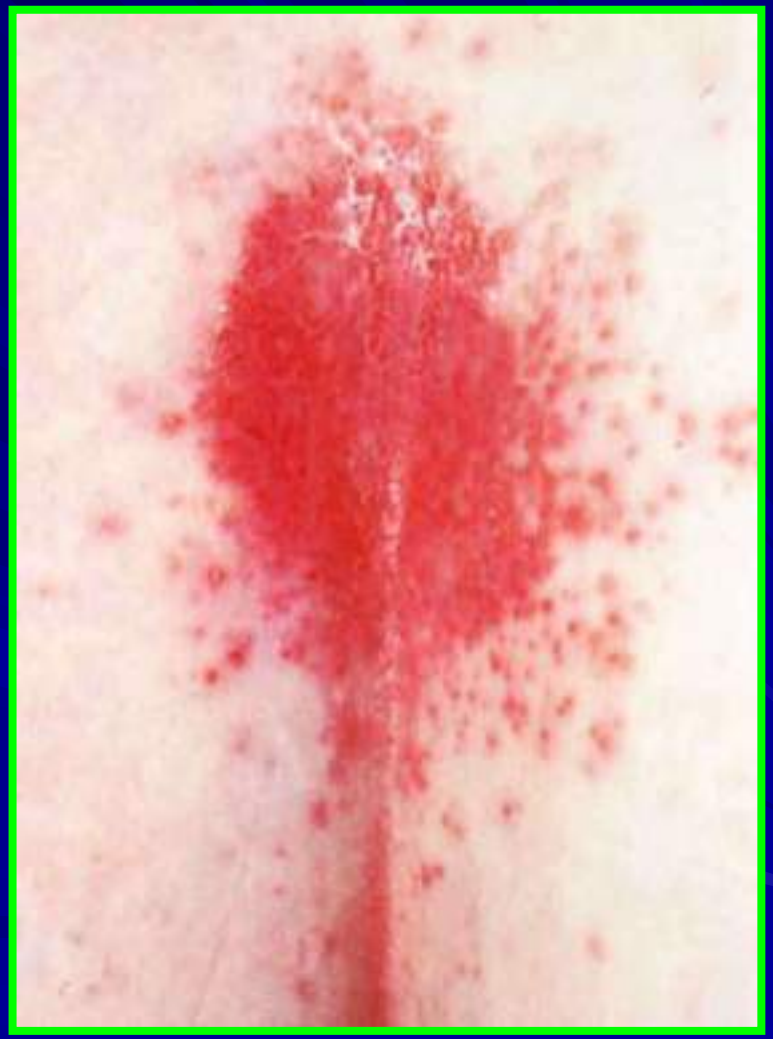


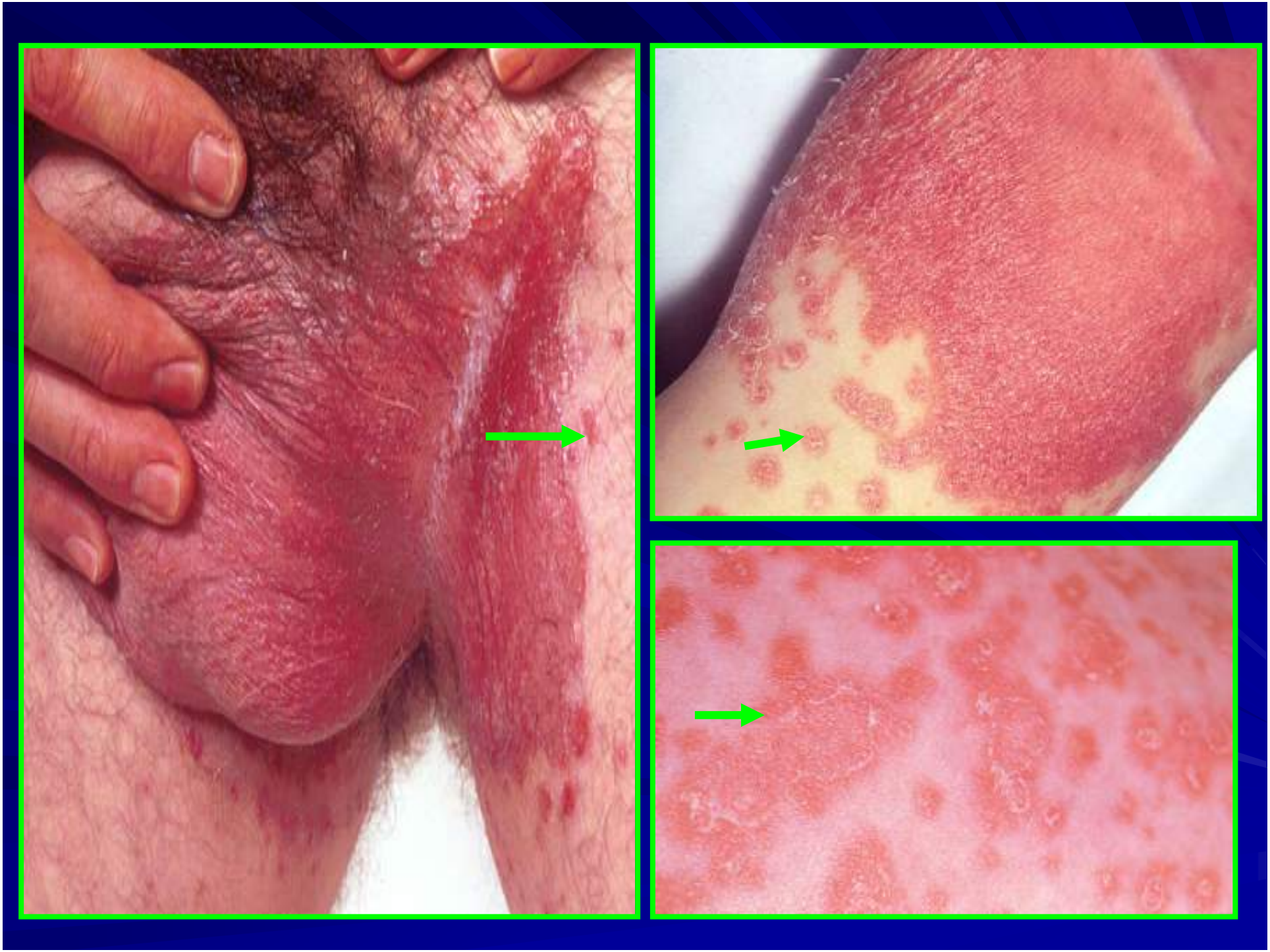
4- Candidal intertrigo : in skin folds,esp. in obese

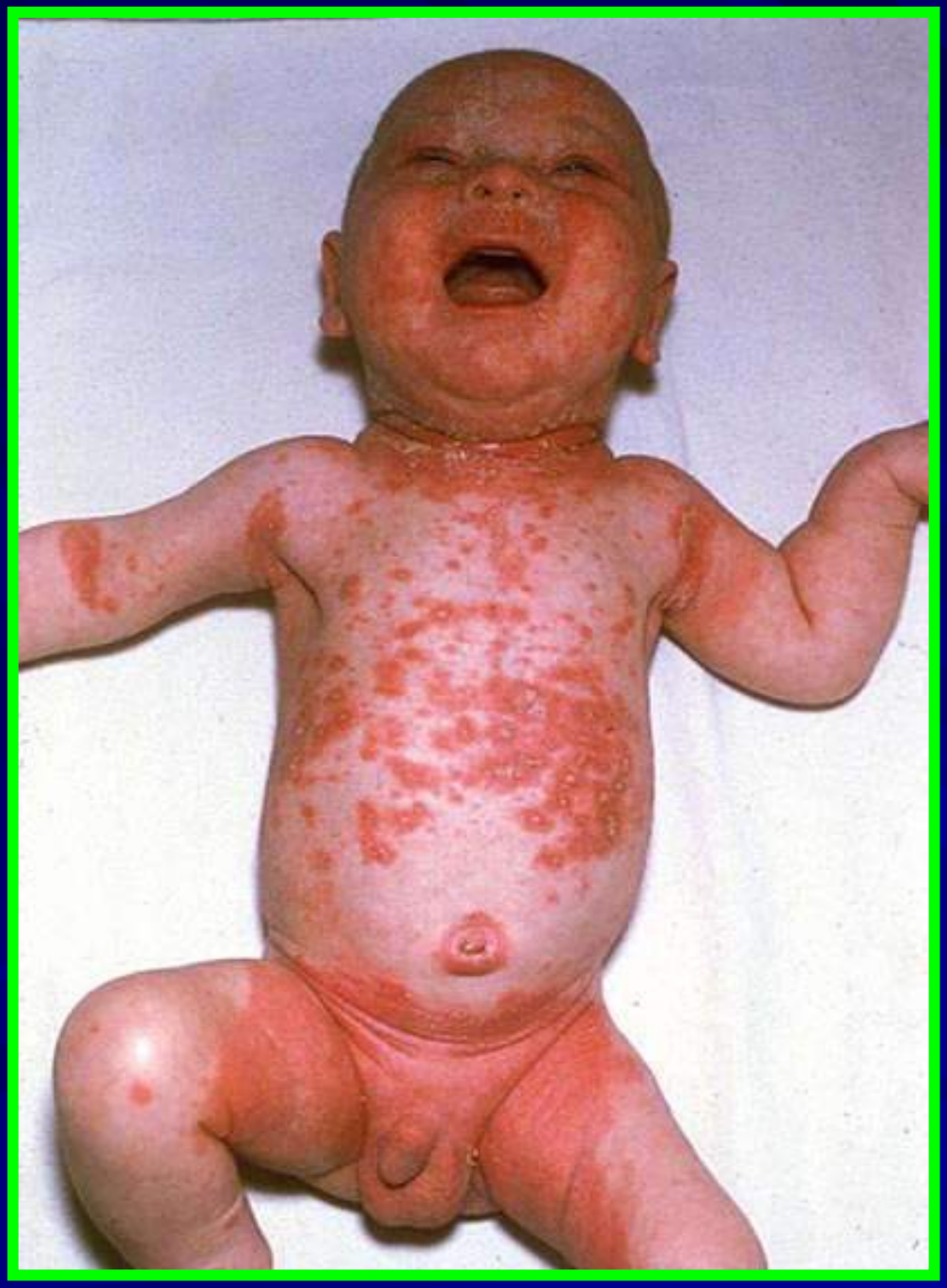


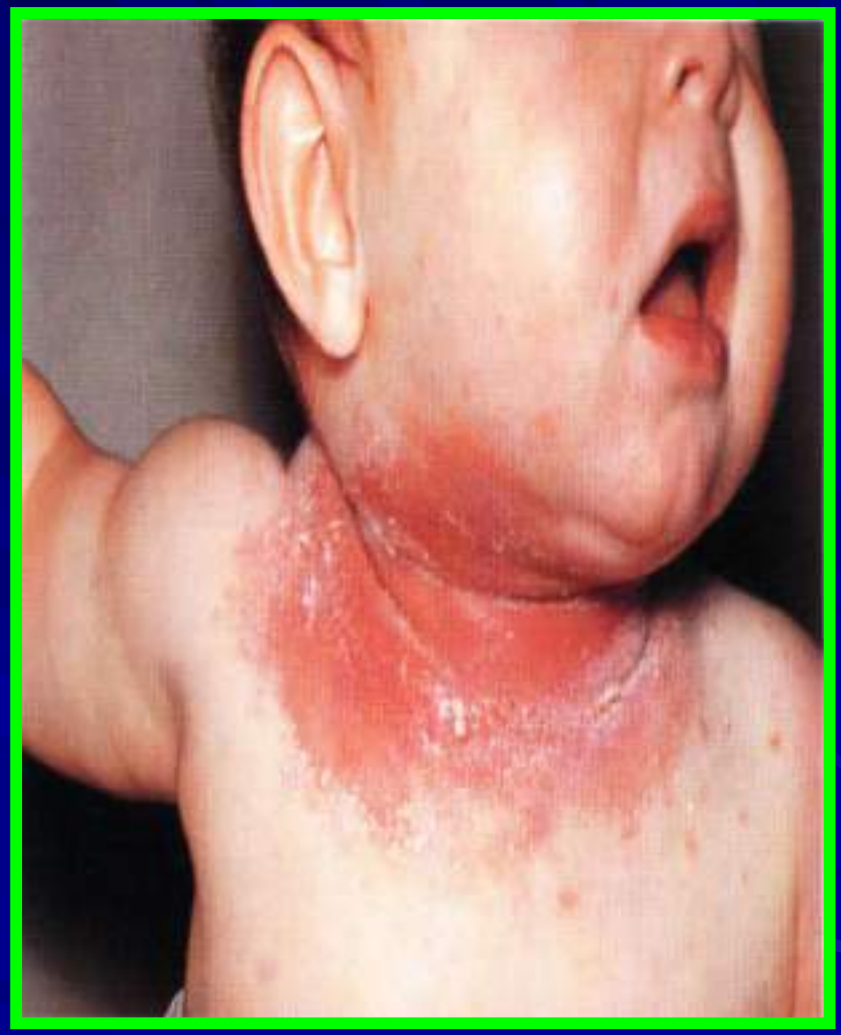


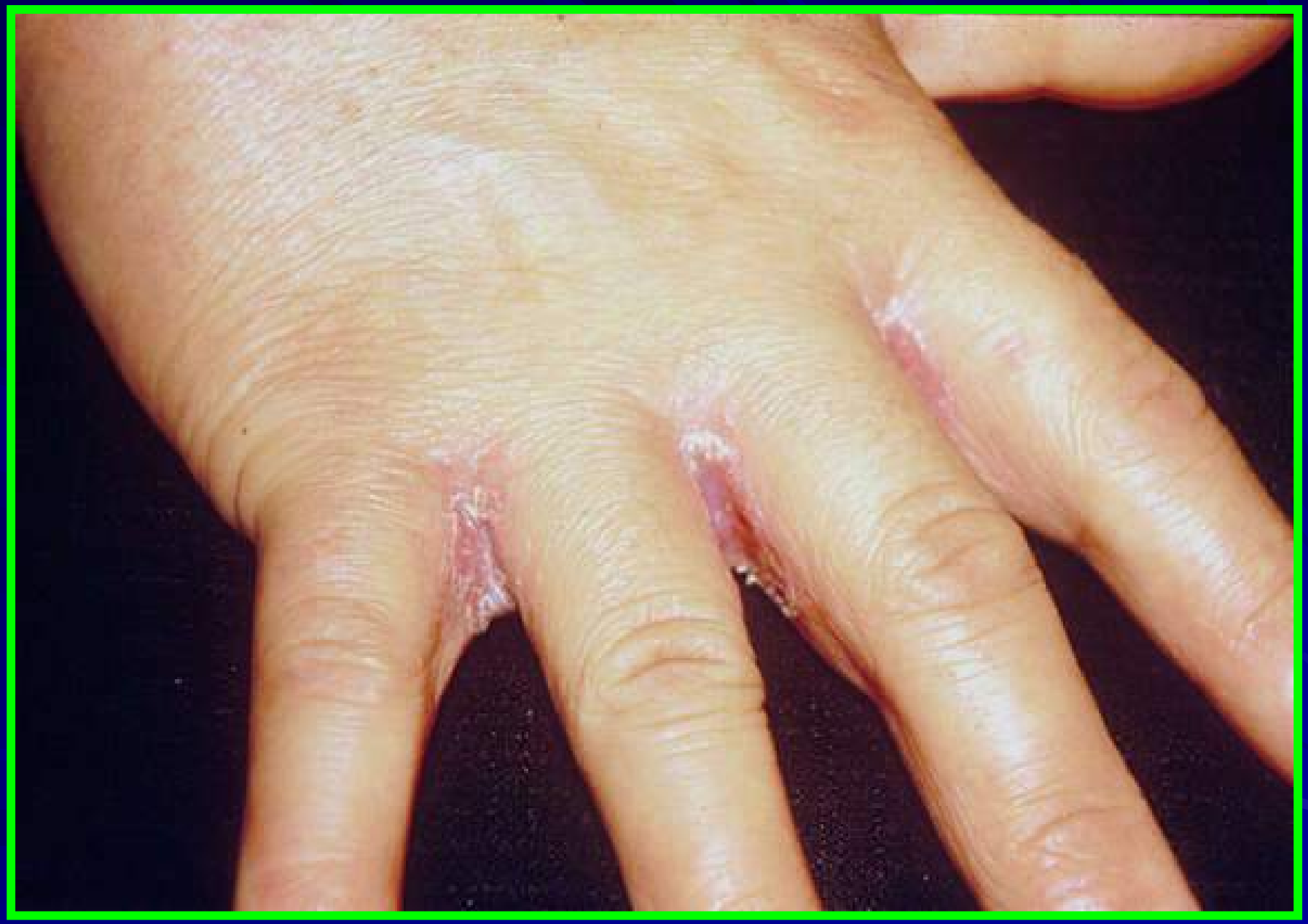






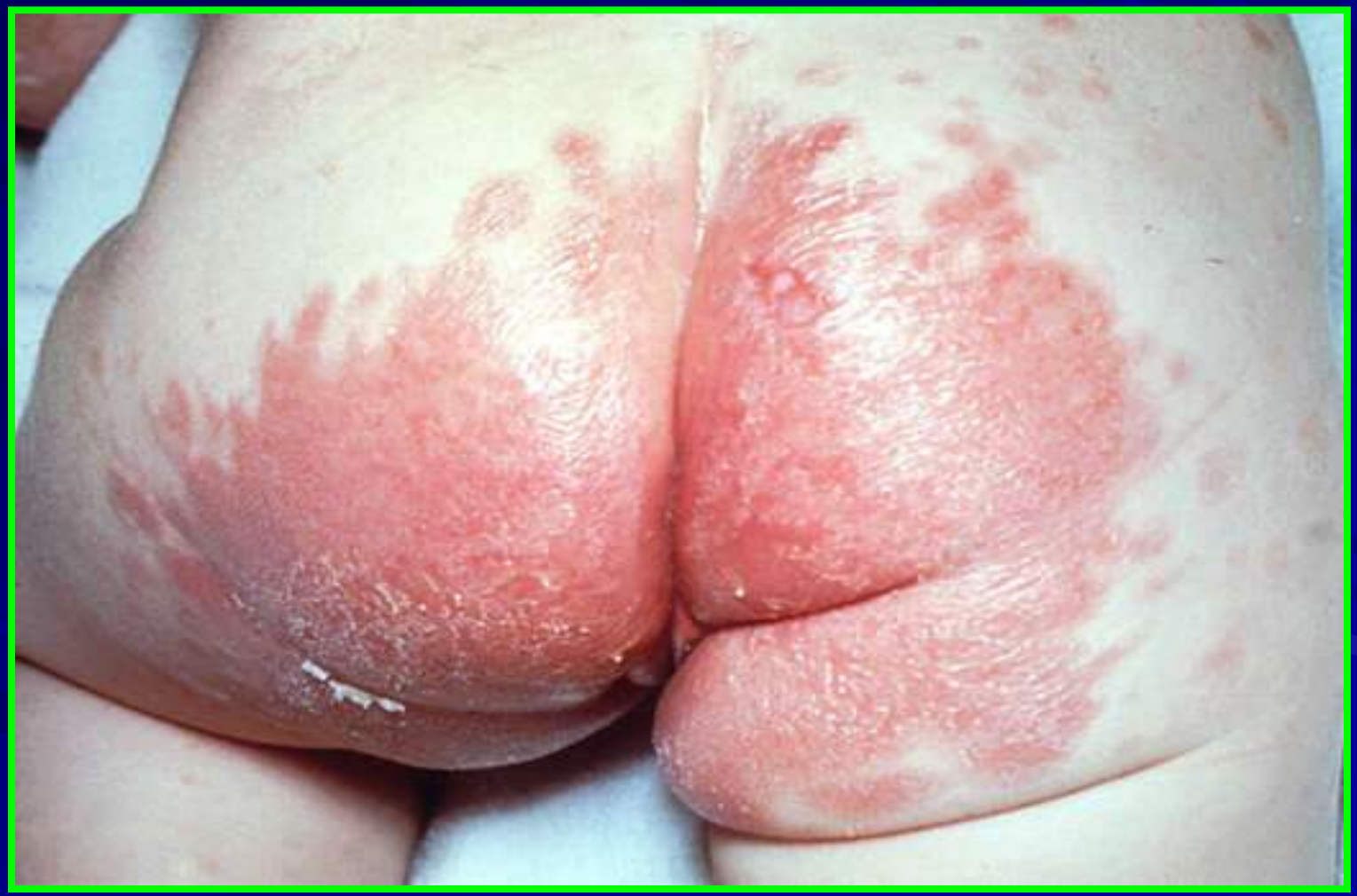


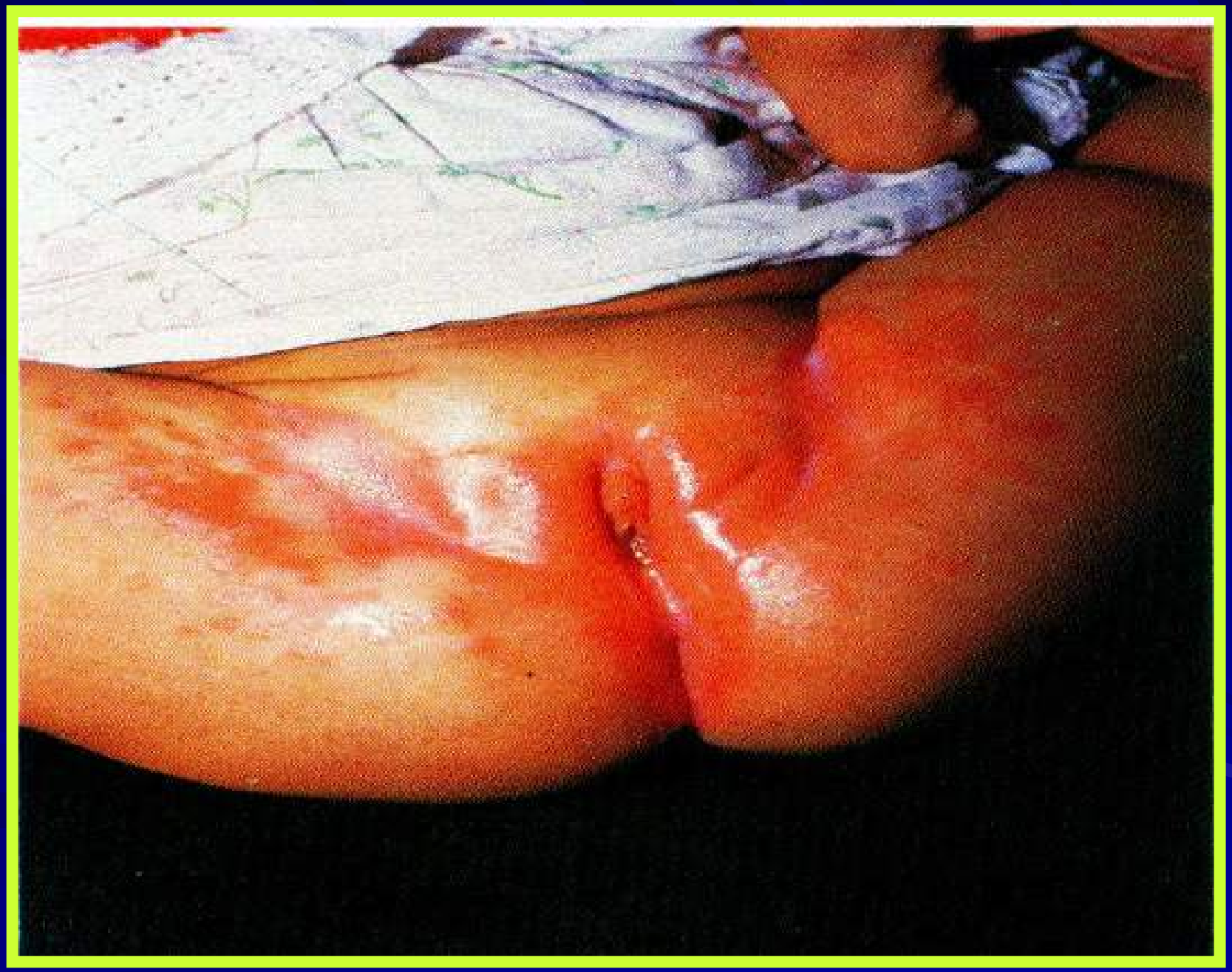


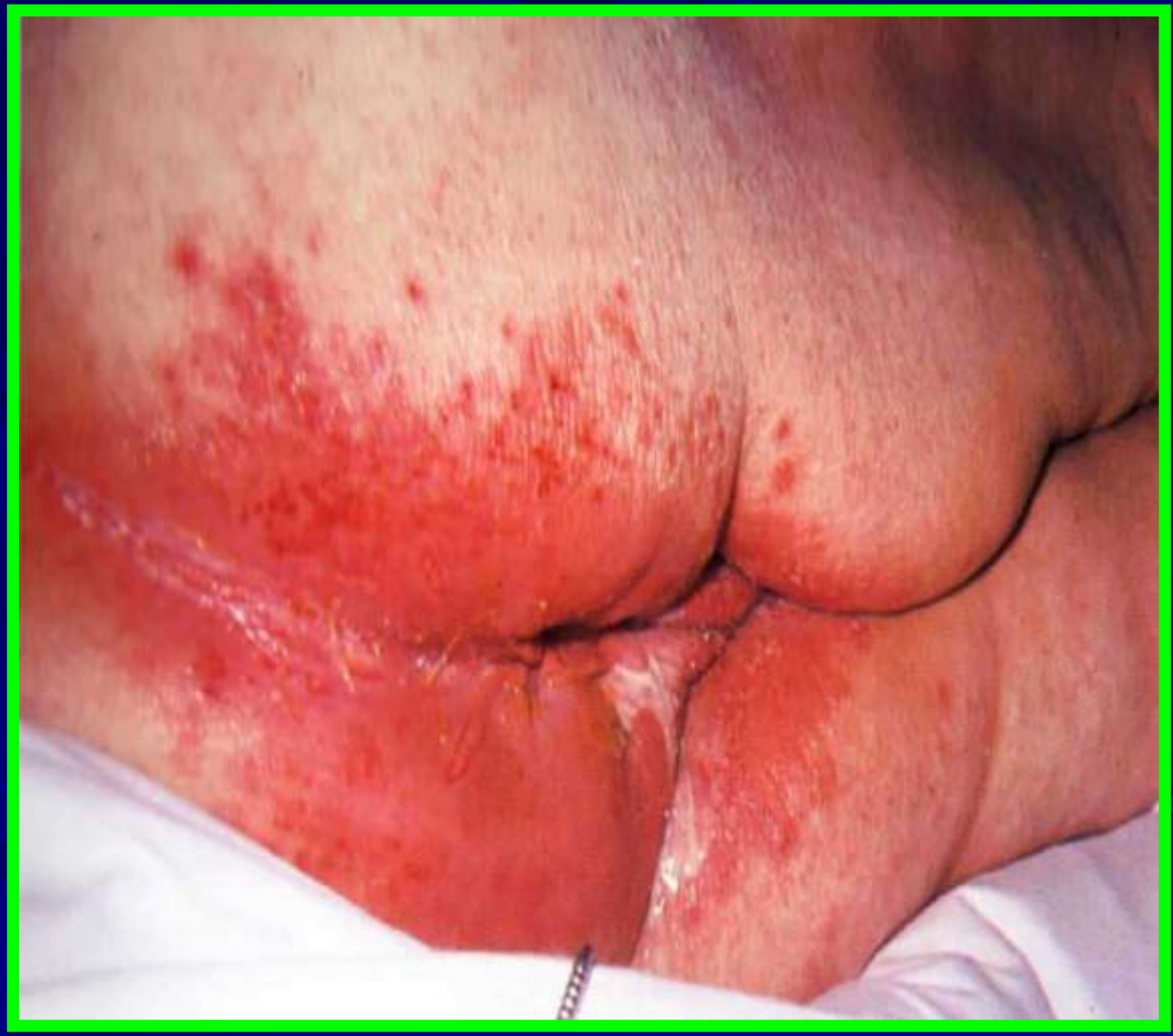


Interdigital candidiasis

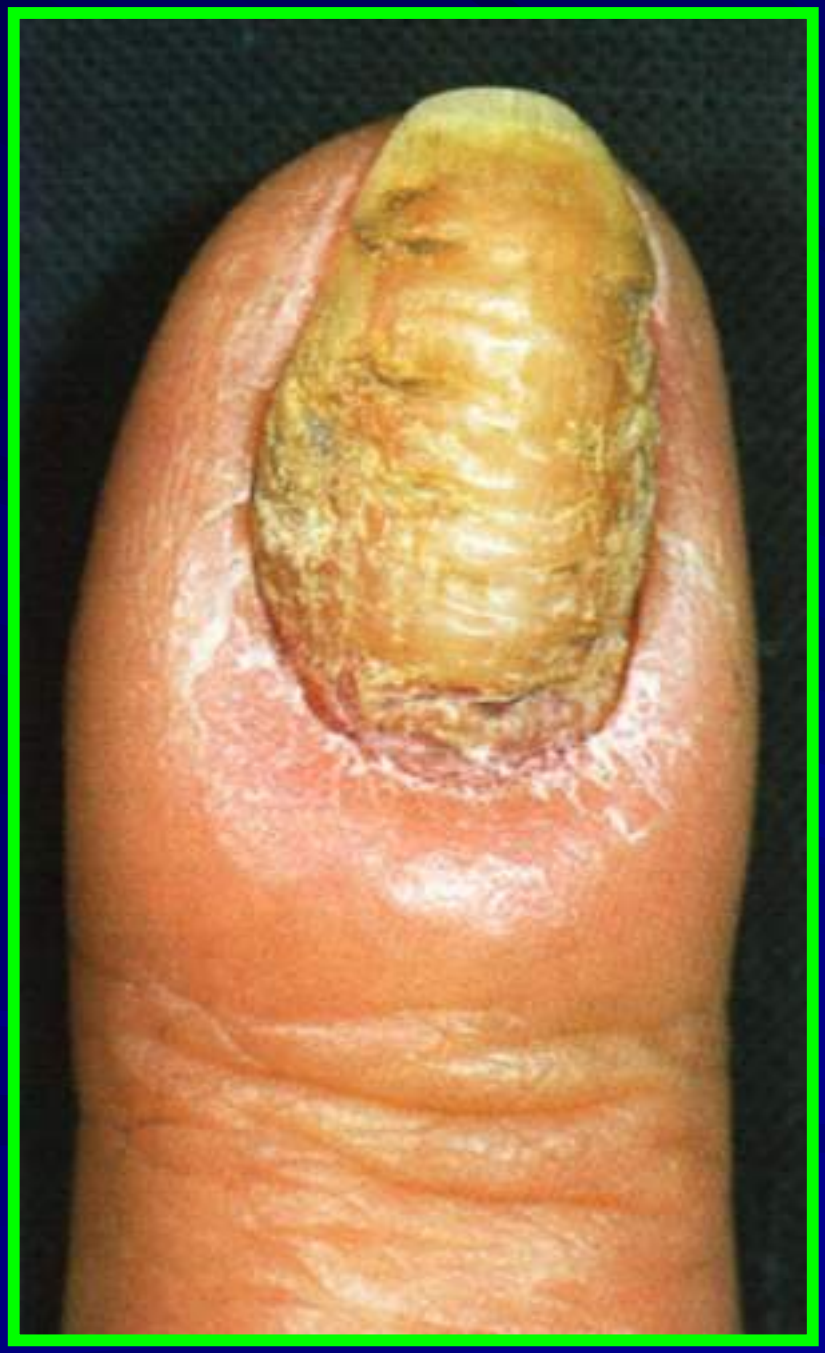
5- Napkin candidiasis : enhanced by maceration produced by wet diapers







6- Candidal paronychia : *cushion-like thickening of paronychial tissue, erosions of lateral borders of nail, gradual thickening & discoloration of nail plates, with development of transverse ridges. More in those whose hands are frequently in water as housewives & cocks*



Treatment :

1- Topical nystatin

2- Topical imidazoles

3- Systemic treatment; with ketoconazole, fluconazole & Itraconazole


THANK
YOU