

## **▼ POST GRADUATES ABSTRACTS**

## **PG** -12 : A CLINICAL AND MYCOLOGICAL STUDY OF DERMATOPHYTOSIS IN A TERTIARY CARE HOSPITAL

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**Introduction**: Around the globe, the most common fungal agents which have been linked with superficial infections of the skin are Dermatophytes. With changing weather conditions, socio-demographic profile of the populations and the economic conditions and occupational profile of the population, the profile of the dermatophyte infections is also a constantly changing phenomenon. Understanding these changing profile is highly important for health care practitioners at different levels to be able to treat them effectively. Also a good understanding of the profile of patients affected by these agents may enable the clinicians to plan appropriate preventive measures in high risk groups. This understanding is highly essential in resource poor settings like India, where the diagnostic facilities to isolate fungi may not be available at all levels of healthcare and a major proportion of these cases are treated empirically. Aims and Objectives: To find out the prevalence of various clinical pattern of dermatophytosis and correlate the clinical diagnosis with KOH positivity and fungal culture positivity.

Materials & Methods: The current study was a prospective observational study. Conducted in the department of dermatology Mahatma Gandhi Medical College & Research Institute, Pillaiyarkuppam Pondicherry. the study population included patients presenting to the dermatology outpatient department, with skin lesions suggestive of dermatophyte infections All patients who are clinically diagnosed to have dermatophytosis between January 2016 to July 2017at department of DVL OPD in MGMCRI were included.

Results: The mean age of the patients affected by dermatophyte infections was 33.65 ± 11.61 years, with the majority belonging to 16 to 30 years of age group. There was a high Male preponderance, as 72% of the affected population were males with a male: female ratio of 2.57: 1. The most common clinical diagnosis was Tinea corporis seen in 47.50% of the population, followed by tenia Ungum in 28% and tenia cruris in 19.50%. KOH positivity was seen in 86 (43%) out of 200 cases in the study population. The culture was positive in 55 (27.50%) of the study population. The most common organism isolated in culture was Trichophyton mentagrophyte (10%), followed by Trichophyton rubrum (9.5%) and Trichophyton tonsurans (5.5%). KOH positivity was highest in 46 to 60 years of age (50%). It was more in males as compared to females (47.91% Vs, 30.35%, P-value 0.446) but the difference was statistically not significant. Among the study population, 55 (27.5%) of the people had both culture and KOH positive. Among 31 (15.5%) people KOH was positive but culture was negative. None of the subjects had KOH negative status when culture was negative in the study. Neither KOH nor culture was positive in 114 (57%) patients

Conclusions: Dermatophyte infections commonly affect the young and economically productive population in 16 to 30-year age group, with high male preponderance. Tinea corporis was the most common clinical form and *Trichophyton mentagrophyte was the most common organism.* KOH tends to show a higher proportion of positivity as compared to culture.

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