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Dermoscopic Features seen in Tinea Capitis, Tinea Corporis and Tinea Cruris

Caractéristiques Dermoscopiques Observées dans la Tinea Capitis, la Tinea Corporis et la Tinea Cruris

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ABSTRACT

BACKGROUND: Superficial fungal infections (SFIs) are infections affecting the keratinized layer of the skin, nail and hair that are mainly caused by dermatophytes. Although diagnosis is routinely done clinically and confirmed by direct potassium hydroxide (KOH) microscopy, fungal culture remains the gold standard for diagnosis and speciation of aetiological agents. Dermoscopy is a recent non-invasive diagnostic tool used to identify features of tinea infections. This study is aimed primarily at identifying specific dermoscopic features seen in tinea capitis, tinea corporis and tinea cruris, and secondarily, to compare dermoscopic features between the three diseases.

METHODOLOGY: This is a cross sectional study of 160 patients with suspected superficial fungal infection using a handheld dermoscope. Skin scrapping with 20% KOH microscopy was done, fungal culture was grown on Sabouraud dextrose agar (SDA) and species identified further.

RESULTS: There were 20 different dermoscopic features observed in tinea capitis, thirteen in tinea corporis, and twelve in tinea cruris. The commonest dermoscopic feature in tinea capitis was corkscrew hairs, observed in 49 of the 110 patients. This was followed by black dots and comma hairs. There were similar dermoscopic features in tinea corporis and tinea cruris with interrupted hairs and white hairs being the most common features seen respectively. The presence of scales was the dominant feature observed across these three tinea infections.

CONCLUSION: Dermoscopy is being used constantly in dermatology practice to improve clinical diagnosis of skin disorders. It has been shown to improve the clinical diagnosis of tinea capitis. We have described the dermoscopic features of tinea corporis and cruris and compared them with that of tinea capitis. **WAJM 2023; 40(5): 463–468.**

Keywords: Dermoscopic, Superficial fungal infection, Tinea capitis, Tinea corporis, Tinea cruris.

RÉSUMÉ

CONTEXTE: Les infections fongiques superficielles (IFS) sont des infections affectant la couche kératinisée de la peau, des ongles et des cheveux, principalement causées par des dermatophytes. Bien que le diagnostic soit systématiquement effectué cliniquement et confirmé par microscopie directe au KOH, la culture fongique reste l'étalon-or pour le diagnostic et la spéciation des agents étiologiques. La dermoscopie est un outil de diagnostic non invasif récent utilisé pour identifier les caractéristiques des infections à tinea. Cette étude vise à identifier les caractéristiques dermoscopiques spécifiques observées dans la tinea capitis, la tinea corporis et la tinea cruris. Ensuite, elle compare les caractéristiques dermoscopiques de ces trois maladies.

MÉTHODOLOGIE: Il s'agit d'une étude transversale portant sur 160 patients soupçonnés d'être atteints d'une infection fongique superficielle, réalisée à l'aide d'un dermoscope portable. Un grattage de la peau avec un microscope à 20 % de KOH a été effectué, une culture fongique a été réalisée sur une gélose dextrose de Sabouraud (SDA) et les espèces ont été identifiées.

RÉSULTATS: Vingt caractéristiques dermoscopiques différentes ont été observées dans la tinea capitis, treize dans la tinea corporis et douze dans la tinea cruris. La caractéristique dermoscopique la plus courante dans la tinea capitis était les poils en tire-bouchon, qui ont été observés chez 49 des 110 patients. Viennent ensuite les points noirs et les poils en virgule. La tinea corporis et la tinea cruris présentaient des caractéristiques dermoscopiques similaires, les poils interrompus et les poils blancs étant respectivement les caractéristiques les plus courantes. La présence de squames était la caractéristique dominante observée dans ces trois infections à tinea.

CONCLUSION: La dermoscopie est constamment utilisée dans la pratique dermatologique pour améliorer le diagnostic clinique des troubles cutanés. Il a été démontré qu'elle améliorait le diagnostic clinique de la tinea capitis. Nous avons décrit les caractéristiques dermoscopiques des tinea corporis et cruris et les avons comparées à celles de la tinea capitis. **WAJM 2023; 40(5): 463–468.**

Mots clés: Dermoscopiques, Superficielle, Infection fongique, Tinea capitis, Tinea corporis, Tinea cruris.

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Abbreviations: AA, Alopecia Areata; AGA, Androgenic Alopecia; AKTH, Aminu Kano Teaching Hospital, Kano; E, Epidermophyton; M, Microsporum; MAWSH, Muhammad Abdullahi Wase Specialist Hospital, Kano; MMSH, Murtala Muhammad Specialist Hospital, Kano; SDA, Sabouraud's Dextrose Agar; SFI, Superficial Fungal Infection; SFIs, Superficial Fungal Infections; T, Trichophyton; TC, Tinea Capitis; UATH, University of Abuja Teaching Hospital, Gwagwalada; US, United States; USA, United States of America; WHO, World Health Organisation.