Prevalence and Distribution of Some Dermatophytosis in Relation to Age and Sex of Patients in Minia, Egypt

A. H. Moubasher*, M. A. El-Naghy¹, S. M. Maghazy and Z. El-Gendy

Botany Department, Faculty of Science, Assiut University, Egypt. Botany Department, Faculty of Science, Minia University, Egypt.

ABSTRACT: Common dermatophytosis in upper Egypt were studied at three hospitals in Minia city. Tinea corporis (ringworm of glabrous skin) was diagnosed in 127 patients (84 males and 53 females). Trichophyton was the most common genus and was represented by 6 species among which T. violaceum was the commonest fungus. Microsporum was represented by 4 species and M. canis was the prevalent species. Tinea pedis (ringworm of the foot) was noticed in 22 cases (13 males and 9 females) and also Trichophyton and Microsporum were the causal organisms. Three species of Trichophyton namely: T. violaceum, T. kuryngei and Trichophyton sp. were isolated. Tinea cruris (ringworm of the groin) was diagnosed in 21 patients (16 males and 5 females). Epidermophyton floccosum was the most prevalent fungus associated with tinea cruris whereas Trichophyton and Candida were less frequent. Tinea unguium (ringworm of the nail) was diagnosed in 9 patients, 8 were females and one was male and the age incidence ranged between 5 and 55 years. M. canis occurred in 2 cases and T. mentagrophytes in one case. Out of 86 cases of tinea versicolor, 71 were males and 15 were females. Malassezia furfur was the main causal agent. All patients of candidiasis and paronychia were females and Candida was the most prevalent causal agent.

KEYWORDS: Dermatophytosis, ringworm, prevalence, distribution.

Tinea corporis(ringworm of the glabrous skin), tinea pedis(ringworm of the foot), tinea cruris(ringworm of the groin), tinea unguium(ringworm of the nail), tinea versicolor and candidias and paronychia are common dermatophytosis diagnosed in three hospitales in Minia. Tinea corporis was reported from many countries including Jordan(Shtayeh and Arda, 1985); Spain(Saez et al., 1984) and in USA(Bronson et al., 1983). In Egypt, the disease was reported in Cairo by El-Mazny et al.(1973) and in Assiut by El-Samalouty(1979).

Tinea pedis was recorded in India by Kumari et al.(1985); in Texas, USA by Eduado et al.(1980) and in Assiut, Egypt by Abdel-Magid et al.(1988). Tinea cruris was described in Japan(Sato et al. 1984); in Kuwait(Almishari et al. 1986); and in Egypt by Khafagy, 1965 in Cairo, by Zeid et al., 1980 in Alexandria and by Nassem 1986 in Assiut.

Tinea unguium(onychomycosis) has been diagnosed in Srilanka(Attapattu, 1980); in Nigeria(Gugnani et al., 1986) and in Colombia(Velez and Diaz, 1985). Tinea versicolor is casued by Malassizia furfur and is easily observed in epidermal scales, but is very difficult to culture(Emmons et al., 1977). This disease was recorded in Germany by Salomo and Schirren(1985); in Italy by Caretta et al.(1981) and in USSR by Malyshev(1979).

Candidiasis and paronychia were reported from different parts of the world including; USSR by Stepanova *et al.*(1984); India by Amma *et al.*,(1984); and Southern New Zealand by Bridger(1979). In Egypt, and particularly in the upper part of the country, information regarding the dermatophytes of various mycotic human skin diseases are scanty. In this study we report on fungi involved in six common dermatophytosis in Minia governorate in upper Egypt.

^{*}Corresponding author

Materials and Methods

One hundred and thirty seven patients with tinea corporis, 115 with tinea versicolor, 24 with tinea pedis, 23 with tinea cruris, 10 with tinea unguium onychomycosis and 5 candidiasis and paronychia were studied. Specimens were collected from these patients at three hospitals in Minia city. Specimens for mycological study were obtained from the lesions, after wiping the surfaces with 70% ethyl alcohol to remove surface adhering organisms and dust from the skin. These were then packed in steril filter paper envelops, sealed and labelled. Care was taken to avoid contamination with tick scales which were mostly composed of debris and dirt but no fungal elements. Direct microscopic examination of KOH preparations was carried out Fungal isolations were performed on Sabouroud's dextrose agar medium(Moss and McQuown, 1969) supplemented with 20 I.U./ml sodium salt of penicillin, 40 µg/m dihydrostreptomycin and 0.05% cyclohexamide(actidione). Before adding to the agar, the first two antibiotics were dissolved separately in steril distilled water while the third dissolved in methanol. Plates were incubated at 28°C for 3-4 weeks and the developing colonies were examined and identified.

Results and Discussion

I-Tinea corporis: Males were more commonly infected, out of 137 cases of tinea corporis examined by direct microscop with 10% KOH, 127 cases (84 males and 53 females) were positive. Patients with positive cases were 9 months-20 years old(99 patients); 21-40 years(22 cases) and 6 patients were 41-60 years old(Table 1).

Twenty-one genera and fifty species were recovered. The most frequent dermatophytic genera were; *Trichophyton, Microsporum* and *Candida*(Table 2)

Trichophyton was the most common genus and was isolated from 48 cases and was represented by 6 species. T. violaceum was the commonest species(recovered from 42 cases of tinea corporis). This genus was previously reported to be the

Table 1. The age distribution of tinea corporis.

Age group by months and years	No. of cases	%
9 months-20 years	99	78.0
21-40	22	17.3
41-60	6	4.7
Total	127	100.0

main causal organism of tinea corporis in India (Amma et al., 1984) in Jordan(Shtayeh & Arda, 1985); in Saudi Arabia(Lubwama, 1986) and in Cairo, Egypt(El-Mazny et al., 1973). The remaining species of *Trichophyton* were isolated in rare frequency and these were; *T. mentagrophytes, T. rubrum, T. simii, T. ajelloi* and *Trichophyton* sp.

Microsporum was the second common causal agent of tinea corporis. This genus was represented by 4 species isolated from 17 patients. M. canis was the most prevalent and was isolated from 12 cases. This species was reported as a causal organism of tinea corporis by Gentles and Scott (1981) in Scotland and by El-Mazny et al.(1972) and El-Samalouty(1979) in Egypt. M. audouinii, M. persicolor and Microsporum sp. were recovered in rare frequency. Candida was recovered in 4 cases and was represented by C. albicans, C. tropicalis and Candida sp. This genus was reported to be associated with tinea corporis by Silvia et al., 1986 in Argentina and by Malyshev 1979 in USSR.

II-Tinea pedis: Direct microscopic examination indicated that 22 cases out of 24 cases examined were positive for tinea pedis. Among the 22 cases, 13 were males and 9 were females. The age incidence shows that 9.1% were below the age of 25 years, whereas 54.5% were of the age group 25-45 years and 36.4% were 46-65 years old(Table 3).

Trichophyton was identified in 3 cases and was represented by 3 species; T. violoceum, T. kuryngei and Trichophyton sp.(Table 4). T. rubrum and T. mentagrophytes were reported by other investigators to be the main causal organism of tinea pedis

Table 2. The isolation and occurrence of fungal dermatophytes from humans infected with tinea corporis.

Genera & Species		of cases isolation		% 0	of occurrence	e	O.R.
	$\updownarrow + \updownarrow$	\$	4	\$ +♀	\$	4	↑ + ♀
Trichophyton	48	29	19	37.8	22.8	15.0	Н
T. violaceum	42	26	16	33.1	20.5	12.6	L
T. mentagrophytes	2	1	1	1.6	0.8	8.0	R
T. rubrum	1	1	0	0.8	0.8	0.0	R
T. simii	1	1	0	0.8	0.8	0.0	R
T. ajelloi	1	1	0	0.8	0.8	0.0	R
Trichophyton sp.	1	0	1	8.0	0.0	0.8	R
Microsporum	17	11	6	13.4	8.7	4.7	L
M. canis	12	7	5	9.4	5.5	3.9	L
M. audouinii	3	2	1	2.4	1.6	0.8	R
M. persicolor	1	1	0	0.8	0.8	0.0	R
Microsporum sp.	1	1	0	0.8	0.8	0.0	R
Candida	4	2	2	3.2	1.6	1.6	R
C. tropicalis	1	1	0	0.8	0.8	0.0	R
C. albicans	1	0	1	0.8	0.0	0.8	R
Candida sp.	2	1	1	1.8	0.8	0.8	R

O.R. = Occurrence remarks.

H=High occurrence: more than 42 cases(out of 127 cases).

L=Low occurrence: between 10-42 cases. R=Rare occurrence: less than 10 cases.

Table 3. The age distribution of tinea pedis.

Age group by years	No. of cases	%
25	2	9.1
25 - 45	12	54.5
46 - 65	8	36.4
Total	22	100.0

Verrone et al., 1985 in Italy Ogbonna et al., 1985 in Nigeria and Abdel Magid et al., 1988 in Egypt.

Microsporum, represented by *M. canis* was recovered from 2 cases. It was also recovered as causal agent of tinea pedis in USA(Eduado *et al.*, 1986) and in Australia(McAller, 1981).

Candida sp emerged in one case only. Todaro et al., 1983 isolated C. albicans in Italy and Caretta et al., 1981 found Candida sp.

HI-Tinea cruris: Direct microscopic examination by KOH(10%) revealed that, out of 23 cases of tinea cruris studied, 21 cases were positive.

Results in Table (6) indicated that among the positive cases, 16 were males(76.2%) and 5 cases were females(23.8%). Two patients were less than 29 year old, 14 were between 20-40 year-old and 5 were between 41-60 year-old (Table 5).

Epidermphyton floccosum was the most prevalent fungal species associated with tinea cruris and was recovered from 7 cases Table (6). This fungus was reported as the main causal agent of tinea cruris in Italy(Todaro et al., 1983); in Jordan(Shtayeh & Arda, 1985); and in Egypt(Khafagy, 1965; El-Mazny et al., 1972 and Nassem, 1986).

Trichophyton was isolated from 4 cases and was represented by 3 species; T. equinum, T. violaceum, and Trichophyton sp. Other investigators

Genera & Species		of case		% o	f occurrenc	e
	\$+♀	\$	우	↑+₽	♦	우
Trichophyton	3	2	1	13.6	9.1	4.5
T. violaceum	1	1	0	4.5	4.5	0.0
T. kuryngei	1	0	1	4.5	0.0	4.5
Trichophyton sp.	1	1	0	4.5	4.5	0.0
Microsporum canis	2	1	1	9.1	4.5	4.5
Candida sp.	1	1	0	4.5	4.5	0.0

Table 4. The isolation and occurrence of fungal dermatophytes from humans infected with tinea pedis.

Table 5. The age distribution of tinea cruris.

Age group by years	No. of cases	%
20	2	9.5
20 - 40	14	66.7
41 - 60	5	23.8
Total	21	100.0

have reported that *Trichophyton* is the causal agent of tinea cruris in many parts of the world (Sato, 1984 in Japan; Carett *et al.*, 1981 in Italy and Nassem, 1986 in Egypt).

Candida was isolated from 2 cases of tinea cruris and was represented by C. albicans and Candida sp. The genus was reported in Italy by Todaro et al., (1983).

IV-Tinea unguium(onychomycosis): Six genera and seven species were isolated from nine specimens of tinea unguium(Table 7). *Microsporum canis* was recorded in 2 cases(22.2%) which were females.

Trichophyton mentagrophytes emerged from one case(11.1%) which was female. In Esfahan, Iran, Chadegani et al., 1987 reported 7 cases(0.5%) caused by T. mentagrophytes. In Japan, Reddy et al., 1977 recorded 27(67.5%) from 40 cases caused mostly by T. rubrum and T. mentagrophytes. In Abidjan, west Africa, Dunand et al., 1978 diagnosed 123 cases of onychomycoses, 62% caused by Candida spp. and 34% by T. rubrum, T. soudanese, T. mentagrophtes, T. tonsurans, M. gypseum, M. lageronii and E. floccosum.

Acremonium strictum, Alternaria alternata, Aspe-

Table 6. The isolation and occurrence of fungal dermatophytes from humans infected with tinea cruris.

Genera & Species	No. of cases of isolation			% 0	f occurrence	rence	
	\$ + ♀	\$	4	\$+4	\$	우	
E. floccosum	7	5	2	30.4	21.7	8.7	
Trichophyton	4	2	2	17.4	8.7	8.7	
T. equinum	2	1	1	8.7	4.3	4.3	
T. violaceum	1	1	0	4.3	4.3	0.0	
Trichophyton sp.	1	1	0	4.3	4.3	0.0	
Candida	2	2	0	8.7	8.7	0.0	
C. albicans	1	1	0	4.3	4.3	0.0	
Candida sp.	. 1	1	0	4.3	4.3	0.0	

Specimen No.	Sex	Age in years	Fungi recovered	
1	Female	55	Trichophyton mentagrophytes	
2	Female	7	Microsporum canis	
3	Female	20	M. canis	
4	Female	7	Alternaria alternata	
5	Male	40	Acremonium strictum	
6	Female	31	Alternaria alternata	
7	Female	15	Aspergillus flavus	
			P. corylophilum	
8	Female	45	Acremonium strictum	
9	Female	38	P. janthinellum	

Table 7. Fungal species isolated from 9 human patients infected with onychomycosis (tinea unguium).

Table 8. Distribution of specimens collected from patients infected with tinea versicolor (Pitryasis versicolor).

Age & Sex		Age in	n years		Total
Disease	10-20 Total Male Female	21-30 Total Male Female	31-40 Total Male Female	41-50 Total Male Female	Male Female
Tinea versicolor	5	7	2	1	15
(Pitryasis	45	31	7	3	(17.4%)
Versicolor)	40	24	5	2	86 (100%)
					71
	(52.3%)	(36.1%)	(8.1%)	(3.5%)	(82.6%)

rgillus flavus, P. corylophilum and P. janthinellum were also recovered. In Japan, Wadhwani & Srivastava, 1985 reported 3 cases due to Atternaria humicola, A. pluriseptata and Aspergillus niger. In Srilanka, Attapattu, 1980 reported 46 cases caused by dermatophytes and saprophyte(Aspergillus, Fusarium, Penicillium spp. and Scopulariopsis brevicaulis). In Medellin, Colombia, Velez Diaz(1985) noticed 125 cases of onychomycosis caused by Fusarium spp.(40%), Aspergillus spp.(20%), Scopulariopsis brevicaulis and Penicillium spp.(2.4%).

V-Tinea versicolor: Tinea Versicolor was a common disease. It was recorded in 86 cases, 71 were males(82.6%) and 15 were females(17.4%) as shown in Table (8).

Malassezia furfur was the main causal agent of

the disease. This disease was diagnosed in Italy (Caretta et al., 1981); in India(Singh & Nath, 1981); in Kuwait(Almishari et al., 1986) and many others.

VI-Candidiasis: Candidiasis and Paronychia were less frequent(4 cases). Two genera and three species were recovered(Table 9). Candida was the most prevalent genus, it was represented by two species; C. albicans(2 cases) and candida sp(one case).

Candida was the most prevalent causal agent of candidiasis. It was reported in Moscow, USSR by Stepanova et al., 1984; in Calicuta, India by Amma et al., 1984 and in Kuwait by Almishari et al., 1986.

Specimen No.	Sex	Age in years	Fungi recovered
1	Female	20	Candida albicans
2	Female	47	C. albicans
3	Female	20	Candida sp.
4	Female	60	Acremonium strictum

Table 9. Fungal species isolated from 4 human patients infected with candidiasis and Paronychia.

References

- Abdel-Magid, E. M., Maghazy, S. M. N.; Abdel-Latif, A. F. and El-Hinnawy, H. Sh. 1988. The clinico-mycological Pattern of tinea pedis in Assiut province (Upper Egypt). Assiut Medical Journal 21(1): 225-231.
- Almishari, M., Almonayes, T. and Shayib, A. M. 1986. The prevalence of skin diseases in Kuwait. A hospital based survey. *J. kuwait. Med. Assoc.* **20**(2): 105-110.
- Amma, S. M., Paniker, C. K. J. and Gopinathan, T. 1984. Studied on dermatomycoses in Calicult(Kerata). *India J. Pathol. Microbiol.* 25(1): 11-17.
- Attapattu, M. C. 1980. The pattern of superfacial mycotic infections in Sri Lanka, Ceylon. *Medical Jour*nal 25(3,4): 86-95.
- Bridger, R. C. 1979. Superficial mycoses in a Southern New Zealand district. *Sabouraudia* 17(2): 107-112.
- Bronson, D. M.; D. R., Barsky, S. and Foley, S. M. 1983. An epidemic of infection with *T. tonsurans* in revealed in a 20-year survery of fungal infection in Chicago. *J. Ameri. Acad. Dermat.* 8(3): 322-330.
- Caretta, G., Frate, G. Del, Picco, A. M. & Mangiarottic. 1981. Superficial mycoses in Italy. *Mycopathologia* 76(1): 27-32.
- Chadegani, M., Momeni, A. and Shadzi, Shar Amin Javaheri, M. 1987. A study of dermatophytoses in Esfahan(Iran). *Mycopathologia.* **98**: 101-104.
- Eduado, T., Elizabeths, H. and Etta, M. 1986. Dual infection of the toe web caused by *T. rubrum* and *M. canis. J. Med. Vet. Mycol.* **24**: 423-425.
- Dunand, J., Assale, G., Doucet, J. and Heroin, P. 1978.
 Principal agents of onychomycosis in Abidjan. Bulletin de la Societe Francaise de Mycologie Medical 7(2): 153-155.
- El-Mazny, H., Abdel-Fattah, A., Abdallah, M. A. and Refai, M. 1972. Study of tinea cruris in Egypt. *My*-

- kosen. 15: 331.
- El-Mazny, H., Abdel-Fattah, A., Abdallah, M. A. and Refai, M. 1973. Tinea corporis in Egypt. *Castellania* 1: 55.
- El-Samolouty, M. M. 1979. Clinical & Mycological study of tinea corporis in Assiut(Upper Egypt). M. Sc. Thesis. Dermat. & Vener. Fac. of Med. Assiut Univ. Egypt.
- Emmons, C. W., Binford, C. H., Utz, J. P. and Kwon-Chrug, K. J. 1977. Medical Mycology, 3rd. ed., Philadelphia, Lea & Febiger.
- Gentles, J. C. and Scott, E. 1981. Superficial mycoses in the West of Scotland. Scot. Med. J. 26: 328-335.
- Gugnani, H. C., F. K. Nzelibe and Osunkwo, I. C. 1986. Onychomycosis due to *Hendersonula toruloi-dea* in Nigeria. *J. Med. vet. Mycol.* 24: 239-241.
- Khacagy, H. M. 1965. Tinea cruris in United Arab-Republic. Ain Shams. Med. J. 16: 179.
- Kumari, S., Bagga, G. R., Singh, R., Agarwal, D. S. and Ghosh, G. R. 1985. A clinico-mycological study of dermatomycoses in Delhi, *J. commun. Disease*. 17(1): 68-71.
- Lubwama, S. W. 1986. Dermatophytoses in East African a review. E. Afr. Med. J. 63(7): 485-491.
- McAlleer, R. 1981. Fungal infections of the nails in Western Australia. *Mycopathologia*. 73: 115-120.
- Malyshev, A. M. 1979. Dermatomycoses in Burundi. Nestnik Dermatologii & Verenologii No. 1: 41-43.
- Moss, E. S. and McQuown AL. 1969. Atlas of Medicial Mycology, 3rd edition. The Williams and Wilkins Company, Baltimore.
- Nassem, N. B. 1986. Clinical and Mycological study of tinea cruris in Upper Egypt(Assiut). M. Sc. Thesis Dermatology & Venerology Dept. Fac. of Med. Assiut Uni. Egypt.
- Ogbonna, C. J. C., Robinson, R. O. and Abubakar, J. M. 1985. The distribution of ringworm infections among primary school children in Jos, Plateau State of Nigeria, *Mycopathologia* 89: 101-106.

- Reddy, B. S. N., Singh, G. and Sharma, B. M. 1977. Onychomycosis and nail dystorphy. *Indian J. Dermat.* 23(1): 1-4.
- Saez De Heredia, C. A., Fonseca Capdevila, E. and Gonzalez Martinez, A. 1984. Contribution to the aetiological and epidemiological study of dermatophytes in Madrid Province. *Acta Dermo-Sifiliografics* 75: 429-434.
- Salomo, G. and Schirren, C. 1985. Mycological infections andrological patients. Statistical study in the years 1971 to 1981. Zeitschrift fur Hautkrankheiten. 60(1-2): 165-170.
- Sato, Y., Koseki, S. and Takahshi, S. 1984. Incidence of dermatophytoses in a colony of mentally and physically handicapped people. *Japan. J. Med. Mycol.* 25(4): 340-343.
- Shtayeh, M. S. A. and Arda, H. M. 1985. Incidence of dermatophytosis in Jordan with special reference to tinea capitis. Mycopathologia **92**: 59-62.
- Silvia, E. Fontenla de Petrino, M. Eugenia, B. B. de Jorrot Angel Sirena, Juan Carbos Valdez and Oscar

- Meson 1986. In vitro modification of *Candida albi*cans invasiveness. Mycopathologia **94**: 85-89.
- Singh, V. K. and Nath, P. 1981. Fungal flora in the superfacial infections of the skin and nails at lucknow Indian. J. Pathol. Microbiol. 24(3): 189-193.
- Steponova, Z. H. V., Smol. Yakova, L. L. and Tsivileva, E. S. 1984. Mycoses of the feet under industrial conditions. Vestnik Dermatologii & Venerologii. 5: 62-64.
- Velez, H. and Diaz, F. 1985. Onychomycosis due to saprophytic fungi. Mycopathologia **91**: 87-92.
- Verrone, C., Tuci, F., Palleschi, G. M., Difonzo, E. M. and Panconesi, E. 1985. Incidence of "Unsuspected" tinea pedis. 385-390.
- Wadhwani, K. and Srivastava, A. K. 1985. Some cases of onychomycosis form North India in different working environments. Mycopathologia 92: 149-155.
- Zeid, S. A. A., Kamel, M. N., Embabi, M. H., El-Ramly, M. S., Salama, M. N. and Zaki, S. A. 1980. A clinicomycologic study of the Alexanderia Faculty of Medicine 16(2): 289-294.