

FUNGAL INFECTIONS

Superficial fungus

- 1) Dermatophytes
- 2) Pityriasis versicolor
- 3) Candidiasis

Sub-cutaneous fungus

- 1) Mycetoma
- 2) chromoblastomycosis
- 3) Sporotrichosis.

DERMATOPHYTE

→ keratophillic fungus.

	SKIN	NAIL	HAIR
Three Trichophyton	✓	✓	✓
Microsporum (P) (M → N)	✓	x	✓
Epidermophyton	✓	✓	x

(Barber's itch)

Tinea Capitis

Tinea Faciae

Tinea Barbae (Beard area)

Tinea Corporis (Body)

Tinea Manuum (Hand)

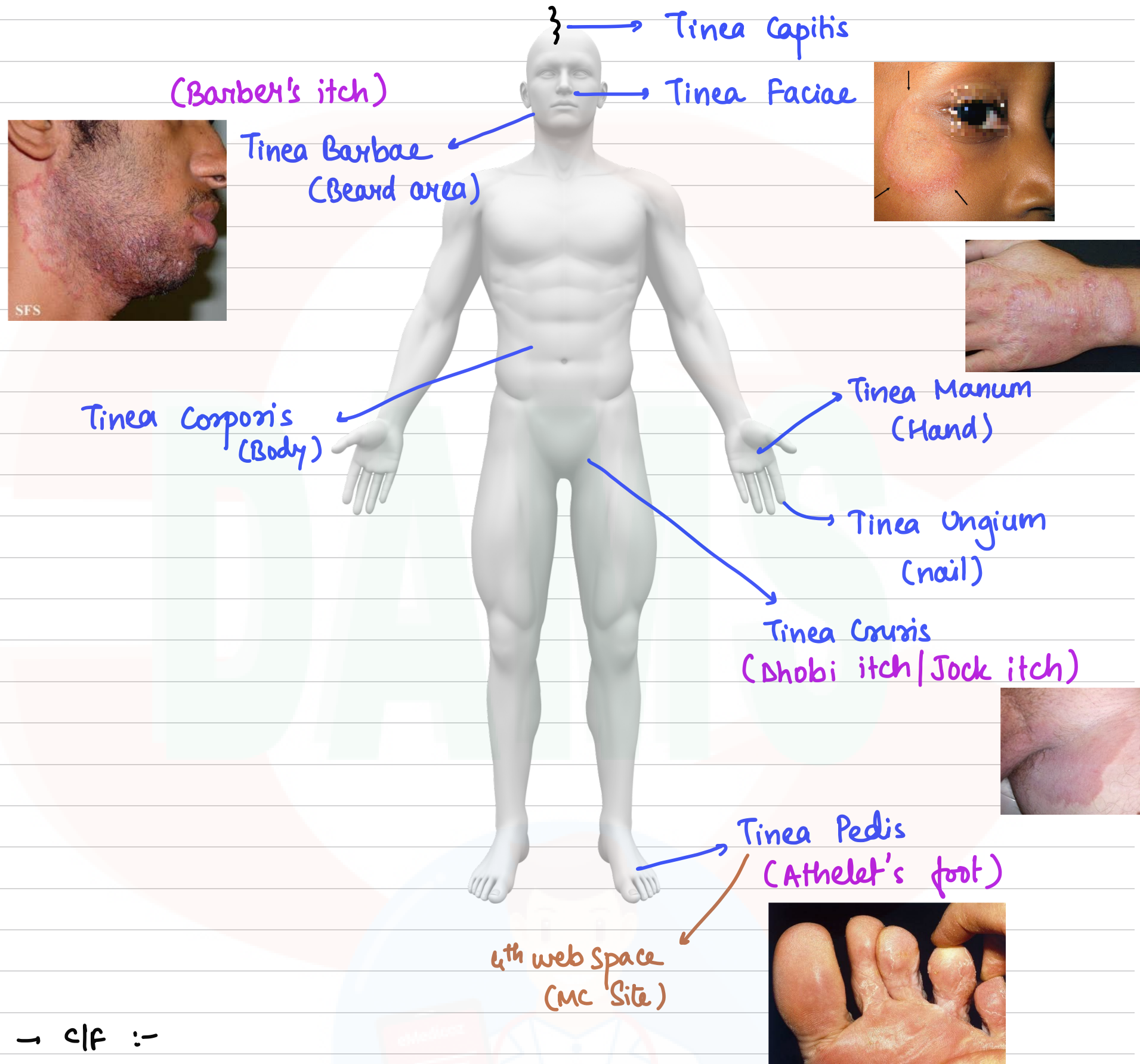
Tinea Ungium (nail)

Tinea Cruris (Dhobi itch/Jock itch)

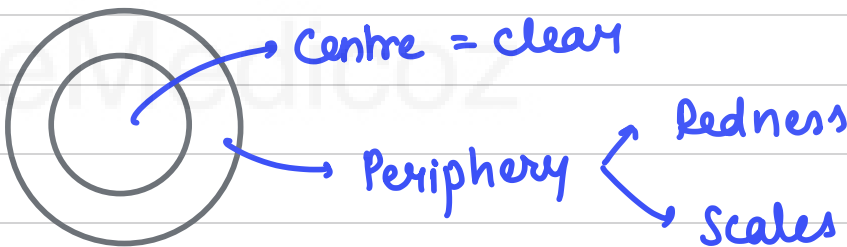
Tinea Pedis (Athlete's foot)

4th web space (MC Site)

→ c/f :-



Annular plaque with central clearing



"RINGWORM"



TINEA CAPITIS

Non-inflammatory

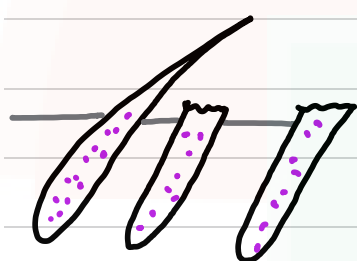
inflammatory

Endothrix

Ecto-thrix

Kerion

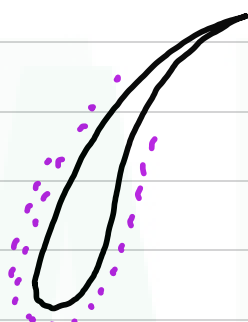
Favus



Black dot type

T. tonsurans
T. violaceum

Ⓟ Black & White TV



(MC)
Grey Patch
type

M. canis



Boggy Swelling
on the Scalp

alw Discharging Sinus

alw Matting of Hair

alw Scarring

T. verrucosum

T. mentagrophyte

Ⓟ kendriya vidhya Mandir



Yellow coloured
Scales

aka "SCUTULA"

alw Scarring

TINEA UNGUIUM

→ Dermatophytic infection of the nail plate.

→ Onychomycosis = Dermatophytic + non-dermatophytic infections of nail.



Distal lateral
Subungual
onychomycosis



Total Dystrophic



Proximal
subungual
onychomycosis



White
superficial
onychomycosis



TINEA INCOGNITO



MAJOCCHI's Granuloma

PITYRIASIS VERSICOLOR

- Caused by: *Mallasezia globosa*
or
M. furfur.
- c/f Multiple discrete to confluent macules
(Perifollicular) on trunk.
- hypopigmentation due to- AZEALIC ACID
hyperpigmentation is due to : Stimulation of
melanosome
- KOH mount
 - Spaghetti & meatball Appearance
 - Banana & Grape Appearance

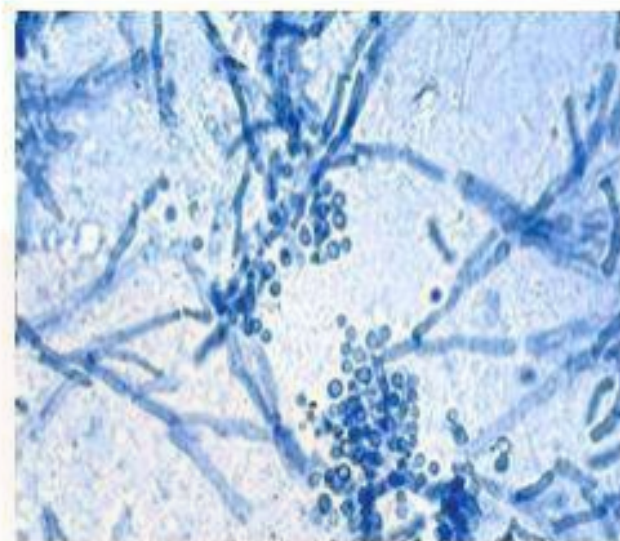


- WOOD's lamp

Pteridine → yellow colour

- TOC-

IMIDAZOLE (antifungal drug)



→ Scratch Sign / BESNIER's Sign : exacerbation of scales on scratching

— x —

BLACK PIEDRA

Piedra HORTAE



WHITE PIEDRA

TRICHOSPORUM BEGELIE



CANDIDA INFECTION

Candidal intertrigo

- cf : erythematous itchy plaques on flexors
Satellite lesions ++

THRUSH → M/C

Acute pseudomembranous
oral Candidiasis



PERLECHE

↳ Infection of the angle of
mouth.



DEEP FUNGAL INFECTIONS

MYCETOMA

→ clinical triad :-

- 1) tumour / swelling
- 2) Discharging Sinus
- 3) Grain

→ Types :-



Eumycotic mycetoma

Fungal mycetoma

slow growing

More deformities

black grains

Grain Size = 4-5 microns

Rx = antifungals

Achromycotic mycetoma

Bacterial

fast growing

less deformities

yellow grains

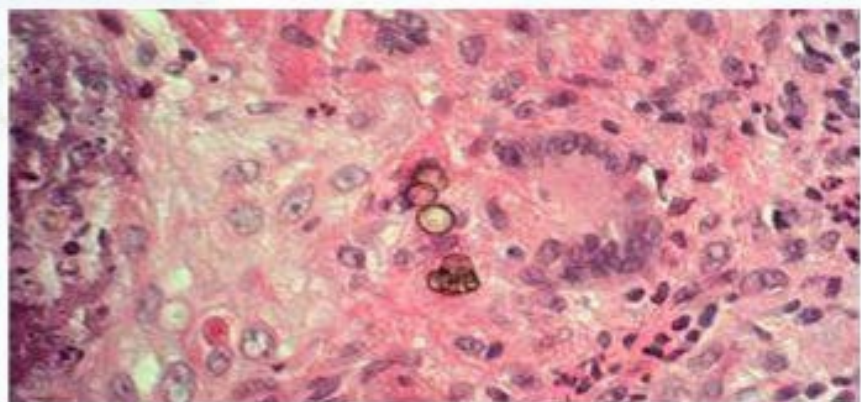
Grain Size = 1-1.5 microns

Rx = Antibiotics

CHROMOBLASTOMYCOSIS→ *Phialophora verrucosa*

→ CF :- vegetative / Cauliflower like growth.

→ HPE :- Copper penny bodies
or
Medlar bodies
or
sclerotic bodies.



SPOROTRICHOSIS

→ *Sporothrix schenckii*

→ CF : Lymphatic Spread
linear nodules/ulcers
along lymphatics

SPOROTRICHOID SPREAD

↓
Seen in :- ① *M. Marinum*
② *Nocardia infection*

→ HPE : Star shaped bodies
↳ Astroid bodies.

