

Therapeutic Abstracts:

Difficulties in diagnosis and treating tinea in adults at the Department of Dermatology in Bialystok (Poland)

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In the years 1981-2000, the department at the Medical University of Bialystok, Poland carried out a retrospective study of common difficulties in the diagnosis and treatment of tinea. The aim of this study was to assess the incidence of incorrect diagnosis and therapy of tinea and tinea incognito (TI) in the patients hospitalized at the institution over a 19-year period. Tinea was identified in 814 patients (4.3% of all patients). TI was diagnosed in 318 patients (39.1% of all patients with tinea). The most diagnostic-therapeutic problems were observed in the patients with tinea pedis, tinea cutis glabrae superficialis, intertrigo candidamycetica, tinea profunda cutis glabrae and tinea profunda barbae. The most common clinical isolates were *T. rubrum*, *T. mentagrophytes* and *Candida albicans*. A high percentage of TI was present in comparison with all other tinea conditions.

Dermatol-Nurs. 2003 Dec; 15(6): 527-30, 534

Rosacea-like Tinea Incognito (Case report)

Gorani-A; Schiera-A; Oriani-A.

We report a case of dermatophytosis of the face due to *Microsporum canis* that was exacerbated and altered clinically by a long-term application of topical corticosteroids. We considered this case a rosacea-like tinea incognito of the beard area.

Mycoses. 2002 Apr; 45(3-4): 135-7

Tinea incognito caused by *Trichophyton mentagrophytes* – a case report.

Pustisek-N; Skerlev-M; Basta-Juzbasic-A; Lipozencic-J; Marinovic-B; Bukvic Mokus-Z.

A case of widespread tinea due to *Trichophyton mentagrophytes* is described. A healthy 75-year-old-woman presented with 134 typical tinea corporis and faciei lesions previously treated with topical steroids. The diagnosis was based on direct mycologic examination and culture. The treatment with oral administration of terbinafine for four weeks and topical application of clotrimazole resulted in complete clinical resolution of the lesions.

Acta-Dermatovenerol-Croat. 2001 Dec; 9(4): 283-6.

Tinea incognito due to *Trichophyton rubrum* after local steroid therapy.

Jacobs-J.A.; Kolbach D. N; Vermeulen-A.H.; Smeets-M. H; Neuman-H. A.

The term "tinea incognito" refers to dermatophyte infections with clinical presentations that have been modified by the administration of corticosteroids. We describe a patient who had pustular inflammatory skin lesions due to *Trichophyton rubrum* after receiving treatment with potent topical corticosteroid creams.

Clin-Infect-Dis. 2001 Dec 15; 33(12): E142-4.

Once daily application of a combination of calcipotriol and betamethasone dipropionate (Dovobet, Daivobet) for the treatment of psoriasis.

Lui,-H; Shapiro,-J

This new compound product containing 50 micrograms/gram calcipotriol and 0.5 milligrams/gram betamethasone dipropionate was recently introduced in Canada for the treatment of psoriasis. Clinical trials demonstrated that this compound was more active than either agent used alone. Recent changes in the product monograph involving the reduction in dose to once daily use has raised questions about the relevance of some previous comparisons of twice daily Dovobet. Pooling the available data from 5,500 patients in clinical trials for Dovobet will allow an inter-trial comparison of the various treatment arms, demonstrating that Dovobet, when applied once daily is significantly more effective than with twice daily applications of either its individual components used alone.

Skin-Therapy-Lett. 2003; 8(Suppl 1): 1-2

Efficacy of long- and short pulse alexandrite lasers compared with an intense pulsed light source for epilation: a study on 532 sites in 389 patients.

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BACKGROUND: Undesirable hair growth presents a significant problem for many patients, and photoepilation has become a very popular procedure in aesthetic and cosmetic practice. Among the systems used are the long- and short-pulsed alexandrite lasers (LP-Alex, SP-Alex) and intense pulsed light (IPL) sources. The present study retrospectively examined the outcome of these systems from the viewpoint of efficacy and side effects. **PATIENTS AND METHODS:** Three hundred and eighty-nine patients (370 females and 19 males, mean age 36.4 yrs, skin types II-V) were admitted to the study, with a total of 532 treated sites. They were treated either with the LP-Alex, SP-Alex or IPL. Subjective evaluation and interview of the patients was held prior to every treatment session. Six to eight treatments were required with the alexandrite lasers, 2.4-2.8 months between treatments, and the IPL source required 8-9 treatments, 2-2.5 months apart.

RESULTS: No significant difference was seen between the LP- and SP-Alex, or between both of them and the IPL source, although the period to regrowth was longer for the lasers.

Erythema and oedema were more noticeable with the LP-Alex, as were crusting and hyper- and hypopigmentation. Discomfort was greatest with the LP-Alex and the IPL source. Hair induction at the borders of the treated area on the face and neck was seen only with the LP-Alex, and correlated statistically significantly with any episode of severe erythema, crusting or hyperpigmentation. **CONCLUSIONS:** There was no statistically significant difference between the LP-, SP-Alex and IPL photoepilation with regard to efficacy. Transient side effects were highest with the LP-Alex, and least with the IPL system. In the LP-Alex treated face and neck sites, 3.1% had hair induction in the borders of the treated areas.

J-Cosmet-Laser-Ther. 2003 Dec; 5(3-4): 140-5