

TITLE: ATYPICAL DERMATOPHYTOSIS IN IMMUNOCOMPETENT PATIENT:
REPORT OF MULTI-RESISTANT DERMATOPHYTE

AUTHORS: OLIVEIRA, E.P.; CASTRO, M. C. A.; ROCHA, A. P. S.; VALERIANO, C. A. T.; NEVES, R. P.; INÁCIO, C. P.; LIMA-NETO, R.G.

INSTITUTION: FEDERAL UNIVERISTY OF PERNAMBUCO, RECIFE, PE (AV. PROF. MORAES REGO, 1235 - CIDADE UNIVERSITÁRIA, CEP 50670-901, RECIFE – PE)

ABSTRACT:

Dermatophytes are fungi that cause dermatophytoses and have worldwide occurrence, besides to be considered the third most prevalent skin disease in children younger than 12 years followed by the adult population. Several reasons justify the increase in the incidence of these fungal infections, such as: overuse of antibiotics, immunosuppressive drugs, increased incidence of patients with AIDS. According to the above, we aim here to report an atypical generalized dermatophytosis in an immunocompetent patient J.C.M.L. male, 33 years old and pardo. The patient was attended in Dermatology Service of the Clinical Hospital of the Federal University of Pernambuco (UFPE), reporting erythematous and scaly lesions with intense pruritus. It was initiated treatment with azithromycin, fentizol, griseofulvin, besides the use of permethrin and antihistamine and topical corticosteroids for a period of two months, without success. Therefore due to the hypothesis of diagnosis of *tinea corporis* terbinafine was prescribed for a month, without success also. The patient was hospitalized for better diagnostic definitions and treatment optimization. During the hospitalization the erythematous plaques with well-defined edges and scaly evolved, being requested to carry out mycological exam. The mycological exam was performed in the Laboratory of Medical Mycology, UFPE, where epidermal scales were collected through of scarification scalpel in sterile Petri dishes. The collected material was clarified with 20% KOH and incubated in Petri dishes containing Sabouraud Dextrose Agar at 35° C for seven days. Direct examination showed several hyaline, septate and arthrospore mycelial filaments. Macro and microscopically was observed growth of *Trichophyton mentagrophytes*. Susceptibility testing was performed with ketoconazole and fluconazole, used the criterion of 100% of fungal inhibition. The minimum inhibitory concentration (MIC) was 0.5 µg/mL and 16 µg/mL respectively. It is known that there are some diseases that can be confused with dermatophytosis such as; allergic dermatitis, parasitic infections, psoriasis, among others, being necessary to the realization of a rapid diagnosis and differential, in order to introduce an effective treatment.

Keywords: dermatophytosis generalized, differential diagnosis, imunocompetente.

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