WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Clustered Tinea Corporis Cases on lower limbs: A weekly OPD- Based review

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Background:

Dermatophytes are the cause of tinea corporis, a temporary fungal infection of the skin. Its prevalence is spreading worldwide, particularly in tropical regions like India, as a result of antifungal resistance, improper hygiene, and the abuse of over – the – counter treatments containing steroids.

Introduction:

The common dermatophytes T. rubrum, T. mentagrophytes, and M. canis skin that is wet and prone to friction. The abuse of topical steroids, which concealed common symptoms and postponed treatment, was connected to a recent string of lower limb cases in our OPD.

Objective:

The goal is to evaluate the clinical characteristics, risk factors, and results of lower limb clustering tinea corporis cases.

Etiology:

- Microsporum canis, Epidermophyton floccosum, Trichophyton rubrum, and Trichophyton mentagrophytes are the main causes of Tinea corporis.
- Direct contact with infected people or animals or indirect contact with contaminated surfaces and items like floors, towels, or clothing are the usual ways that the disease is spread.

Epidemiology:

- Dermatophytosis, including Tinea corporis, is believed to impact 20-25%of the world's population, with an annual incidence of around 21,000 cases per 1,00,000 people.
- In nations such as India, the hot and humid climate, along with extensive use of over-the-counter topical steroids and antifungals, greatly adds to the increased infection burden.
- Athletes, manual laborers, and individuals who spend a lot of time in warm, moist areas are particularly vulnerable.

Signs and symptoms:

- Ring-shaped scaly lesions, often itchy and discolored.
- Common on limbs; worsens with sweating or at night.

Complications:

- Secondary infections, steroid-modified tinea, recurrence
- Psychological impact due to visible skin changes.

Clinical findings:

- Outpatient departments have been reporting over 10 cases per week presenting with similar symptoms, predominantly affecting the lower limbs.
- A majority of these patients had a history of using topical steroid creams without medical supervision.
- In a subset of cases, potassium hydroxide (KOH) microscopy confirmed the presence of dermatophyte infections.

Treatment:

- Topical Antifungal Therapy

Drug	Dosage/Usage	Duration
Clotrimazole 1%	BD	2-4 weeks
Terbinafine 1%	OD or BD	1-2 weeks
Miconazole 2%	BD	2-4 weeks
Sertaconazole 2%	BD	2-4 weeks

Ketoconazole 2%	OD	2-4 weeks

- Systemic Antifungal Therapy

Drug	Dosage	Duration
Terbinafine	250 mg OD	2-4 weeks
Itraconazole	100 mg BD or 200 mg OD	2-4 weeks
Fluconazole	150-300 mg OD weekly	2-6 weeks
Griseofulvin	500-1000 mg/day (weight based)	4-6 weeks

Conclusion:

Inappropriate steroid use exacerbates the persistent problem of tinea corporis in India. Public awareness, appropriate antifungal care, and OTC cream regulation are essential.

Key words: Tinea corporis, dermatophytes, antifungal, T. rubrum

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