

PROFESSIONAL ARTICLE

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Dermatomycosis Frequency and Localization Sites

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ABSTRACT

Introduction: Since the prevalence of skin mycotic infections is changing and is area depended we aimed to analyze the frequency of the skin mycotic infections and the appearance sites. **Material and Methods:** There were involved 560 patients referred to the Dermatology Clinic of University Clinical Center of Kosova during a period of one year. **Results:** The mean age of our study group was around thirties with a predominance of female and rural patients. Although most of cases presented with single site disease localization, we observed the increase in number of cases with more than one site localization with age. **Conclusion:** The increased prevalence skin mycotic infections, as well as more than one place of localization deserve a multidimensional approach.

Key words: infection, mycotic.

1. INTRODUCTION

Mycotic infections of the skin, nails and hair are frequent. Their epidemiological features change and are not similar according to the different geographical area. The prevalence of skin mycotic infections is changing with age, geographic location and climate (1, 2). Despite regional characteristics and predispositions for dermatophyte infections, the spectrum of dermatophytes is not static(3). The infection can be caused by dermatophyte, yeast and non-dermatophyte agents. The epidemiology of dermatophyte infection has changed as a result of migration, lifestyle, drug therapy, and socioeconomic conditions (4).

The aim of our study was to analyze the appearance sites and frequency of the skin mycotic infections.

2. METHODOLOGY

We included patients visited in out- inpatient departments of the Dermatology Clinic of University Clinical Center of Kosova during one calendar year. We studied the prevalence of mycosis involving 560 patients referred to the Dermatology Clinic of University Clinical Center of Kosova during 2011 year.

2.1. Study population

The study population included all ages with the youngest a newborn patient and the oldest patient over 75 years; both genders, with slightly less presented males 46.5%.

The study group was also analyzed according to the site localization.

3. RESULTS

The mean age of our study group was 30.82±17.69 with the oldest patient of 77 years. There was a predominance

of women diagnosed with skin mycology changes 53.4% and also a predominance of patients from rural places 58.2%.

Basic characteristics	Values
Population	560 (100.0%)
Female	299 (53.4%)
Rural	326 (58.2%)
Average Age±SD*	30.8±17.7

Table 1. Basic characteristics of the study population. *Except the average age and SD other values are presented by number and percentage

The great percentage of referred patients had single site localization 94.8% whereas there were also those with multiple site of the disease localization, double (4.8%) respectively triple (0.4%) site.

Site localization	N	%
Single	531	94.8
Double	27	4.8
Triple	2	0.4
Total	560	100.0

Table 2. Affected sites noticed at our study population

We have analyzed also the sites that were affected by skin changes in particular in those who had more than one site and also whether the involvement of multiple sites were related to age, gender or living place. There was shown a very low correlation between age and single or multiple sites of localization while very low negative

correlation was found between living place and single or multiple sites of localization too.

Correlated modalities	Pearson correlation
Age/localization site	$r=0.04$
Living place/localization site	$r=-0.06$

Table 3. The correlation between number of disease sites and some basic modalities

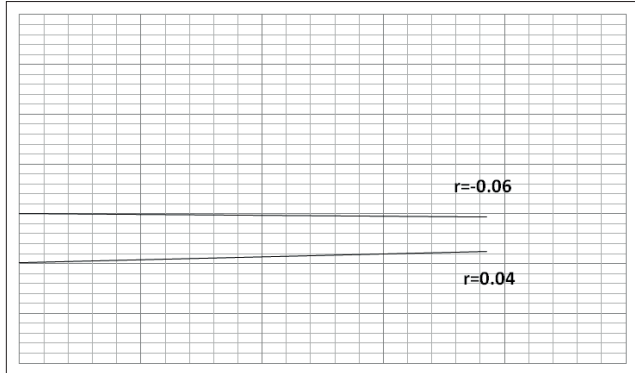


Figure 1. The Correlation between living place, age and sites of localization

4. DISCUSSION

Fungi are everywhere and no geographical area or any group of people is spared by these organisms (5). However this study is very useful to determine the size of the problem, prevention of these infections and protocols of the treatment. In our study we found that the highest incidence of mycotic infections occur in females same as in other studies (6, 7).

5. CONCLUSION

The increased prevalence of mycosis- skin manifestations as well as more frequent tinea pedis and tinea unguium deserves an improved approach toward these diseases.

More frequent presence of skin mycotic infections in particular the multiple sites of their localization rises priorities of taking simple measures like education activities for whole population, special population categories and also activities for updating and upgrading health caregivers knowledge about diagnoses and treatment of these entities.

CONFLICT OF INTEREST: NONE DECLARED.

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