DERMATOLOGY

STEROID MODIFIED DERMATOPHYTOSIS IN CHILDREN - AN UPDATE

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Abstract: *Superficial dermatophytosis has evolved as a difficult to treat, chronic, recurrent, widespread recalcitrant infection and has emerged as a major public health problem in our country over the last 5-6 years. Current scenario of dermatophytosis is considered to be due to factors relating to environment, host, etiological agents and antifungal resistance with the most important factor being the rampant abuse of topical steroid antifungal/antibacterial combination creams procured by patients over the counter or as prescribed by practitioners. Potent steroid molecules in the combination creams cause local immunosuppression, barrier dysfunction and increase multiplication of the dermatophytes resulting in persistent infection. The term 'Steroid modified dermatophytosis' is used when the clinical morphology of dermatophytosis can be recognised in spite of application of topical corticosteroids. The term 'Tinea incognito' refers to the situation in which the clinical morphology is so altered that dermatophytosis is unrecognizable, due to the application of topical corticosteroid creams or use of systemic steroids. Clinical morphology, adverse effects, approach to a patient with steroid modified dermatophytosis and management strategy have been discussed.*

Keywords: *Steroid modified dermatophytosis, Tinea incognito, Local immunosuppression, Tinea pseudoimbricata.*

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Points to Remember

- ***Steroid modified tinea is on the rise among the children.***
- ***Clinical morphology of dermatophytosis may be recognizable in steroid modified tinea but is unrecognizable in Tinea incognito.***
- ***Direct microscopy in 10% potassium hydroxide has to be done in case of clinical suspicion.***
- ***Immediate cessation of combination containing topical steroid / antifungal/ antibacterial cream is the first step.***
- ***Counseling regarding the compliance and strict adherence to general measures will play a pivotal role in the successful outcome.***
- ***Reversal of immune response takes about 3 weeks after stopping the steroids and hence the initial slow response or lack of response in the first few weeks.***
- ***Persistence of infection due to local immunosuppression warrants a longer duration of treatment.***

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