INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

# CHANGING FACE OF DERMATOPHYTOSIS IN CHILDREN IN INDIA IN THE CONTEXT OF STEROID ABUSE- A STUDY OF 40 CASES

*Molly Thomas* [(1)] *- Khusboo Nand* [(2)]

*Herbertpur Christian Hospital, Dermatology, Dehradun, India* [(1)] *- Herbertpur Christian Hospital, Community Health, Dehradun, India* [(2)]

Background: Unregulated availability of potent topical steroids has resulted in an alarming increase in steroid modified tinea in India. Children are inevitable victims to this epidemic.

Objective: To analyze the various clinical characteristics of steroid modified tinea in children.

Materials and Method: A prospective study was conducted on 40 new cases of tinea in children with history of topical steroid misuse. Those selected underwent direct microscopy.

Results: 27 were males and 13 females. Mean age was 12yrs (3months-17years). 20% were less than 5yrs. 14 (35%) had extensive lesions (>3% of BSA). Clobetasol propionate was most commonly misused (92.5%) and chemists were the chief source (87.5%). 34 (85%) had first episode while 6 had recurrent or chronic disease. 75% had positive family history. Mean duration of tinea was 5months. 17 (42.5%) had tinea incognito. 27 had tinea corporis, 20 tinea cruris (5 had genital involvement), 13 tinea faciei, 1 tinea pedis and 1 tinea capitis. Most common clinical pattern was nummular. Others included polycyclic, circinate, tiny erythematous papules, psoriatic, lichenoid, leprosy like and ill defined nonspecific plaques. 92% had positive microscopy.

Conclusions: The clinical profile of dermatophytosis among children is changing rapidly. More infants are affected, primarily due to affected family members. Tinea corporis has replaced tinea capitis, as the commonest clinical presentation while tinea faciei and multiple site involvement has also increased significantly. Clobetasol propionate being most misused can predispose to greater complications due to which its free supply should be clamped. Oral antifungals are now more necessary to treat chronic and extensive tinea. Dermatologists and paediatricians need to be familiar with the varied clinical patterns of tinea incognito and utilise direct microscopy whenever in doubt to resolve the diagnostic dilemma