



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

CLINICAL AND MICROBIOLOGICAL EVALUATION OF TERBINAFINE & ITRACONAZOLE IN DERMATOPHYTE INFECTION

Harsh Tahiliani⁽¹⁾ - Manjit Kaur Sandhu Tahiliani⁽¹⁾ - Sushil Tahiliani⁽¹⁾

Dr Tahiliani's Clinic, Dermatology, Mumbai, India⁽¹⁾

Introduction: Over the past few years, studies on epidemiology of dermatophyte infection from India have shown a rising trend in the prevalence of cutaneous dermatophytosis. There is an increase in chronic and recurrent dermatophytosis, which cause significant social, emotional and financial distress to the patients. Systemic antifungal resistance is on the rise since the past few years in our country and its mechanism is not understood.

Objective: To evaluate systemic antifungals (terbinafine & itraconazole) clinically as well as microbiologically in dermatophyte infections.

Materials and methods: 20 adult, treatment naive patients suspected to have dermatophyte infections were enrolled in the study after acquiring a consent and confirmation of diagnosis by KOH mount. The cases were randomized to receive daily tablet terbinafine 250 mg or capsule itraconazole 200mg for 4 weeks without topical agents. Each group was evaluated at baseline, 2weeks & 4 weeks clinically along with a skin scrapping for KOH mount & culture to identify the strains. In-vitro antifungal testing was done on the fungal cultures and using the Clinical Laboratory Standard Institute (CLSI) broth microdilution assay, the MIC's of 7 different antifungals was determined on the clinical isolates of fungi.

Results: 16 (10itraconazole + 6 terbinafine) patients completed the study and 4 were lost to follow up. 2 patients in the terbinafine group had to be switched to itraconazole at week 2 due to poor/no response. At the end of the study, all patients in itraconazole group had an excellent response with no culture growth at week 4 compared to just 2 in the terbinafine group. 3 patients in the terbinafine group had a positive mycelial load on KOH mount even at the end of study

Conclusion: Symptomatic improvement doesn't correlate with mycological cure and a longer duration of therapy with systemic antifungals is necessary.

