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Editorial

Chronic and Recurrent Dermatophytosis- a New Challenge to Treat

Dermatophytosis are superficial fungal infections caused by dermatophytes affecting the skin, hair and/or nails.[1] Dermatophytosis affects 20-25% of the world population and is common infective dermatoses in clinical practice.[2] These have a higher incidence in tropical and subtropical countries like Bangladesh due to the presence of high humidity, high dense population and high temperature. Increased urbanization, occlusive footwear, and tight clothing also predispose to higher prevalence.[2] In the last few years, we are witnessing, a tremendous increase in the number of cases of chronic and recurrent dermatophytosis.[3] Dermatophytosis is considered to be chronic when the patients have suffered from the disease for more than 6 months to 1 year with or without recurrence, in spite of being adequately treated. Dermatophytosis is considered to be recurrent when there is re-occurrence of the disease within few weeks (<6 weeks) after completion of the treatment.[4]

Not a single but many factors may play role in its pathogenesis. Factors contributing to recurrent and chronic dermatophytosis are misuse of topical corticosteroids, inadequate treatment, poor hygiene, causative fungal species (some species may be more resistant to treatment or have a greater ability to invade deeper skin layers), patient factors: (individuals with weakened immune systems), environmental factors, fomites, noncompliance, drug resistance, hair follicle and sweat gland involvement.

In our country, most of the patients are treated by village doctors with topical and systemic steroids along with antifungals that make the skin lesions atypical and management more difficult. Currently, we are witnessing many cases of dermatophytosis presenting with unusual large lesions, ring within ring lesions, multiple site lesions (tinea cruris et corporis), and corticosteroid modified lesions, making diagnosis a bit difficult.[5] This changed face of dermatophytosis has created a real panic among dermatologists. In addition, chronicity of the disease has plagued the patients unlike any other dermatological condition in the country.[5]

It has been a well-observed phenomenon that the burden of such difficulty to treat dermatophytosis is growing in Bangladesh. It is a pertinent need of the hour to increase our understanding on the molecular mechanisms of antifungal drug resistance and the genetic and host factors that make us more susceptible to recurrent dermatophytosis. Educating patients about the causes, transmission, and treatment of dermatophytosis is essential for preventing recurrence.

Sumitendra Kumar Sarkar
MBBS, MD (Dermatology)
Associate Professor & Head
Department of Dermatology
Faridpur Medical College, Faridpur
Phone: +8801818375737
Email: drsksarkarmd@gmail.com