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RESEARCH ARTICLE

TINEA CAPITIS IN ADULTS: ABOUT 10 CASES

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Abstract

Tineacapitis (TC)is a superficialfungal infection primarilyseen in school-agedchildren. Adulttineacapitis (ATC) is rare, with distinct clinicalfeatures and ofteninvolvesidentifying local and generalpredisposingfactors. We report a series of 10 adult patients.

Introduction:

Tineacapitis (TC), or scalp ringworm, is the mostcommon dermatophyte infection of the scalp, predominantlyaffectingchildren and rarelyadults. The epidemiology of TC variesacrossdifferentgeographicalregionsworldwide. It can occursporadically or epidemically, withmany countries noting an increase in its incidence over the last few decades. Our objective was to review the epidemiological and clinical profile of adult TC in ourserie.

Materials and Methods:

This is a retrospectivestudyincluding all patients over 18 yearsoldwithtineacapitis (TC) treated at the dermatologydepartment of the University Hospital of FES over the past four years (2019–2023). Mycologicalsampleswerecollected in all cases.

Results:

Ten patients wereincluded: 6 women and 4 men. A predominance of femaleswasnotedwith a sex ratio M/F: 0.66. Medianage of patients was 45.7 yearsrangingfrom 19 to 81 years. About 30% of adult TC occurred in menopausalwomen.

The socio-economic levelwaslowin 60% of cases. Interviews revealed a familymemberwith TC in 2 cases and contact withanimalsin 1 case. Diabetesmellituswasfoundin 1 case. None of the patients had positive HIV serology.

All cases of tineacapitisbegan in adulthood. Lesionswereprimarilylocated in the temporal and occipital regions. Diffuse scalp involvementwasseenin 70% of cases.

Dermoscopywasperformed on all patients. The mostobservedsignswerethickyellowscales (33.7%), comma hairs (33.2%), and dystrophichairs (16.18%). Othersignsincludedcorkscrewhairs, brokenhairs, black dots, and erythema.

Tineacapitiswasassociatedwithcircinatedermatophytosisin 1 case and hand onychomycosisin 1 case.

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Direct examinationwas positive in all cases, and culture was positive in 9 cases. The isolatedspecieswere Trichophyton violaceum in 5 cases (50%), Trichophyton rubrumin 3 cases (40%), and Trichophyton mentagrophytes in 1 case.

Treatmentwithgriseofulvin (9 cases) and terbinafine (1 case) was effective.

F I G U R E 1 : Clinicalpresentationof adulttineacapitis (A,B) pustular typewith diffuse hair loss,

(C) grey patch typeshowingwell-circumscribedbald patch.

Discussion:

In line with the literature, ourseriesconfirms the rarity of tineacapitis in adults and the predominance in females. The rarity of adult TC can beattributed to the relative resistance of adults' hair to dermatophyte colonization. This resistanceisprimarily due to the fungistaticproperties of the long-chainfattyacids in sebum**(1).**

The primaryfactorsthatincrease the risk of adultsdevelopingtinea capitis (TC) includehealthimpairmentssuch as diabetes, anemia, and immunosuppression; the use of topical or systemiccorticosteroids; hormonal changes like thoseoccurringduringpregnancy and menopause; and the level of exposure to the pathogen, which can occurthroughtinea infections elsewhere on the body or contact withinfectedchildren, animals, or objects**(2,3).** In ourseriea familial history of TC wasobservedin 2 cases and contact withanimalsin 1 case. Diabeteswasnotedin only1 case.

The clinicalfeatures of tinea capitis (TC) in adults are oftenpolymorphic and atypical, whichfrequentlyresults in delayeddiagnosis. Thesefeaturesdepend on both the species of dermatophyte causing the infection and the immune status of the affectedindividual **(2,3).**

Clinically, the mostcommonfeaturesobservedincludecircumscribed hair losswith or without inflammation and scales, truncated hair, normal-appearing hair thatlacksresistance to traction, pustules, scaling, and tender inflammatory nodules. Typicalkerionis rare, and favus scutulum has becomeexceptionallyuncommon **(5,6).** A physicalexaminationmayaid in diagnosis, particularly if itrevealsassociatedtinea corporis and/or onychomycosis. However, atypical aspects mimickingseborrheicdermatitis, pseudopelade, or discoid lupus can delaydiagnosis**(4,5).**

Dermoscopyis a non-invasive toolthat assists clinicians in the differentialdiagnosis of tinea corporis (TC) by identifyingitscharacteristic patterns. In thisstudy, the mostcommonfindingswerethickyellowscales, comma hairs, and dystrophichairs. Theseresults are consistent with arlierstudiesprimarilyconducted on prepubertal TC**(7,8).**

The treatment of adulttinea capitis (TC) patients issimilar to that of children. However, specialconsiderationisrequiredwhenchoosingdrugs for elderly TC patients due to theirunderlyingsystemic conditions and medications. In thisstudy, most patients weresuccessfullytreatedwithsystemicantifungal agents.

Conclusion:

Adulttineacapitisprimarily affects youngwomen. T. violaceum is the main isolated dermatophyte. A predisposing factor shouldbesought, but itspresenceis not mandatory.

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