

RINGWORM?? IT'S A FUNGAL DISEASE!

DAVID GRANT MBE B.VET.MED FRCVS



FUNGAL DISEASE



- 100,000 + species of fungi
- More than 300 species are animal pathogens
- Mycosis. A disease caused by a fungus causing superficial, subcutaneous or systemic infection
- **Dermatophytosis.** A superficial infection of keratinised tissues-claws, hair and stratum corneum caused by a species of *Microsporum, Trichophyton* or *Epidermophyton* (Dermatophytes)

Disease causing fungi



- Microsporum and Trichophyton species account for virtually all cases of dermatophytosis seen in UK practice
- DOGS M. canis (65%), T. mentagrophytes,
 (T. erinacei, T. verrucosum, T. terrestre, M. gypseum, M. persicolor)
- CATS 95%+ M.canis

CLINICAL SIGNS VARIABLE



Depend on species of fungus and host response

- Asymptomatic carrier
- Focal/multifocal alopecia
- Diffuse alopecia
- Scale and crust 'cigarette ash' type lesions
- Inflammatory lesions
- Nodules dermatophytic mycetoma

EPIDERMAL COLLARETTE

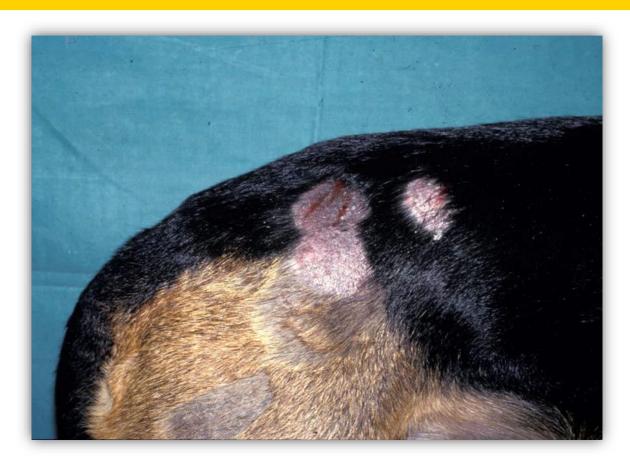


Staphylococcus pseudintermedius



DERMATOPHYTOSIS-focal





Multiple lesions M.canis





DERMATOPHYTOSIS





Trichophyton spp





Trichophyton generalised





DERMATOPHYTOSIS FROM A HEDGEHOG-TRICHOPHYTON ERINACEI





DERMATOPHYTOSIS KERION



(Microsporum canis)



DERMATOPHYTOSIS SECONDARY INFECTION





TINEA IS THE TERM FOR RINGWORM USED BY HUMAN PHYSICIANS-CLASSIFIED TO SITE ON BODY



- TINEA FROM THE LATIN- A GNAWING WORM
- TINEA PEDIS-ATHLETE'S FOOT (TRICHOPHYTON RUBRUM)
- TINEA CORPORIS
- TINEA CAPITIS
- TINEA CRURIS and others

HUMAN LESIONS CAUSED BY AN INFECTED DOG OR CAT



 MOST LESIONS IN OWNERS OF DOGS AND PARTICULARLY CATS ARE CAUSED BY MICROSPORUM CANIS



HUMAN LESION -M.CANIS





DIAGNOSIS



- WOOD'S LAMP
- TRICHOSCOPY
- FUNGAL CULTURE Dermatophyte Test Medium diagnose by colour change within 10 days
- FUNGAL CULTURE Sabouraud's agar for identification of species
- POLYMERASE CHAIN REACTION (PCR) IDEXX Reference Laboratories

WOOD'S LAMP EXAMINATION



- Produces ultraviolet/blue light (wavelength 365 nanometres)
- Hairs infected with Microsporum canis will fluoresce apple green - to maximise success follow guidelines below
- Warm up for 5 minutes
- Completely darkened room is essential
- Use lens to look for green
 fluorescence only hairs fluoresce,
 sometimes just part of hair!
- NB ONLY MICROSPORUM CANIS!!



WOODS LAMP POSITIVE

(Courtesy Rares Capitan)



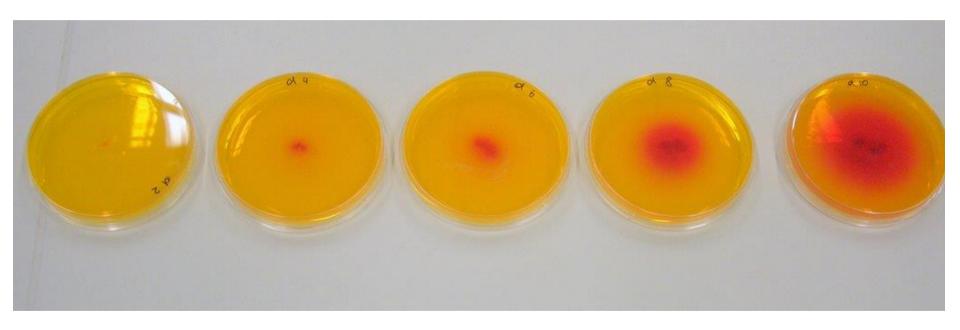


DERMATOPHYTE HAIRS









COLONY MORPHOLOGY MICROSPORUM CANIS



Lower Upper





DIAGNOSIS BY PCR



- IN THE UK PCR TESTING IS INCREASINGLY FAVOURED
- IT HAS THE ADVANTAGE OF IDENTIFYING FUNGI IN A FEW DAYS COMPARED TO A FEW WEEKS
- MANY VETERINARY DERMATOLOGISTS STILL PREFER CULTURE AS THE BEST WAY TO IDENTIFY A CURE BECAUSE PCR TESTING CAN PRODUCE FALSE POSITIVES

TOPICAL TREATMENT



- ENILCONAZOLE (Imaverol) 100 mg/ml rinse
 - Apply every 3 days for 4 applications
- MICONAZOLE (Malaseb) 2% shampoo.
 - Also contains chlorhexidine.
 - Shampoo twice weekly
- LIME SULPHUR 2% rinse
 - Apply every 5-7 days

DERMATOPHYTOSIS - SYSTEMIC TREATMENT



- KETOCONAZOLE
- ITRACONAZOLE
- (GRISEOFULVIN)

ITRACONAZOLE-BEFORE





ITRACONAZOLE AFTER





TINEA –NOT FROM A DOG





THREE WEEKS LATER





CLEANING/DISINFECTION



- Spores on hairs are the source of infection
- Subject the environment to a triple cleaning process
- Mechanical removal of debris vacuum cleaning
- Aggressive washing of area with soap and water
- Application of a disinfectant with label for fungal infections
- Pet laundry can be easily decontaminated using a long laundry cycle and not overloading the washing machine

WHICH DISINFECTANT?



Efficacy of eight commercial disinfectants against
 Microsporum canis and *Trichophyton species* infective spores on an experimentally contaminated textile surface

Karen A Moriello, Darcie Kunder and Hanna Hondzo. *Veterinary Dermatology* 24 621-623 December 2013

CONCLUSION FROM PREVIOUS REFERENCE



'Aggressive removal of contaminated material followed by thorough application of commercial ready to use disinfectants labeled as fungicidal against *Trichophyton mentagrophytes* are alternatives to dilute sodium hypochlorite'

SUMMARY



- Dermatophytosis is easily missed/over diagnosed
- In the UK it is relatively rare compared to other countries
- Variable clinical appearance that can mimic many other skin diseases
- Diagnosis by clinical signs alone is unreliable
- Sampling is essential to guide treatment and species identification is ideal
- Owner education is important due to zoonotic potential
- Emphasise general hygiene



Thank you

