

DERMATOPHYTES CAUSING TINEA CRURIS IN KARACHI

Pages with reference to book, From 126 To 126

Dear Madam,

Dr. S.H. Naqvi's letter in December issue of JPMA in response to my articles on "Dermatophytes causing Tinea Cruris in Karachi" is a timely reminder to the medical profession of the importance of fungal infections. These infections have accounted for almost 10% of the total skin cases seen in the Dermatology Outpatient Department of Jinnah Postgraduate Medical Centre, Karachi.

Dr. Naqvi has very clearly outlined the factors responsible for propagation of dermatophytes in our country. Misuse of corticosteroids is not just confined to Pakistan but even in countries like U.K. such misuse has led to masking of the clinical picture and difficulty in diagnosis. This problem is so widespread that a new term, Tinea incognito (Unrecognisable Tinea), has been added to the medical glossary.

Perhaps I would like to clarify one point about the sex incidence as debated by Dr. Naqvi. In my article Male to Female ratio of 9:1 was mentioned. This high ratio pertains only to Tinea Cruris and not to any other type of Tinea infection like Tinea Corporis or Tinea Capitis, individually or collectively. I do agree with him, however, that when all Tinea infections are taken together this discrepancy in the sex incidence is not all that marked.

Dermatology Dept., Yours sincerely
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