Molds involving toenails: about two case reports

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Received Date: Mar 09, 2020 / Accepted Date: Mar 16, 2020 / Published Date: Mar 17, 2020

Abstract

Onychomycosis is usually caused by dermatophytes, yeasts and molds are less frequently, associated to nail invasion. Molds have been increasingly recognized as causative agents of onychomycosis. We report two cases of young immunocompetent women who consulted in our department with ungual abnormalities. We found Scopulariopsis brevicaulis, a cosmopolitan molds, in their toenails after a repetitive mycological examination.

Keywords: Molds; Scapularosis is brevicaulis; Onychomycosis


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Introduction

Scapularosis brevicaulis is a filamentous fungus, which can be responsible for non-dermatophyte onychomycosis. This cosmopolitan mold is frequently encountered in the soil and is rarely responsible for nail invasion, however, Its prevalence among onychomycosis is increasing these last years. Many clinical appearances are described with this mycological affection.

Case report

A 38 years old woman, with a history of lateral nail incarnation, consulted for a painful lesion of the nail. The dermatological examination with dermoscopy noted distal and lateral onycholysis with beau’s Line of the first right toenail, without subungual hyperkeratosis (Figure 1). 24 years old, consulted with our department with a history of toenail discoloration for two years. The dermatological examination noted diffuse nail dystrophy with trachyonichia (Figure 2). We conducted for both patients, mycological specimens with and culture test showing numerous branched conidiophores with chains of lemon-shaped conidia (Figure 3). Our patients have already benefited from a biological assessment that was correct. The treatment by terbinafine was conducted and it still in process.

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Discussion

Scopulariopsis brevicaulis is a non-dermatophyte fungus which is considered having saprophytic or opportunistic comportment. It is responsible for 1-10% of nail non-dermatophyte onychomycosis [1]. In Morocco, the prevalence of Onychomycosis with mold varied between 1 and 3% [2,3], (12.7 %) of identified mold are S. brevicaulis [2]. Among molds and yeasts, the genus Scopulariopsis (S. brevicaulis, S. acremonium, S. brumptii S. fusca, and S. koningii) are saprophytes found in soil worldwide [4], responsible of about 1.45~17.6% of onychomycosis [5]. In Human Body, S. brevicaulis is responsible for nail invasion in most cases, more rarely it can be responsible for profound infections, endocarditis or endophthalmitis in the occasion of trauma, surgery or immunocompromised patients [6,7]. The clinical presentation of nail affection is classically a distolateral subungual onychomycosis (DLSO), while other aspects are reported such are proximal subungual onychomycosis (PSO)[8-10], superficial white onychomycosis (SWO), total dystrophic onychomycosis [2], and endony PCM onychomycosis [11,12].

A direct microscopic examination does not always result in positive in NDM onychomycosis; therefore to perform a correct diagnosis, a proper mycological culture is often required. The diagnosis requires repetitive isolation of the fungus by culture) [8,12]. The management of this non-dermatophyte onychomycosis may be difficult and require often the association of mechanical to the antimycotic agents [2]. Terbinafine and itraconazole may be an effective treatment of this onychomycosis, this is not the case for griseofulvin [13].

Conclusion

Onychomycosis caused by Scapularosis brevicaulis have a variant prevalence in the wild word, the laboratory implication is
fundamental to identify of this affection, and ameliorate the diagnosis and management of molds onychomycosis.

References


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