LETTER TO THE EDITOR

Follow-up Study on Microsporum canis Infections in Stockholm, Sweden

Sir,

In a study from 1982 we did not find any case of Tinea capitis among 22 cases of Microsporum canis infections verified by culture during a 5-year-period at the Department of Dermatology, Södersjukhuset, Stockholm (1). In a letter to this journal, Siv Ågren-Jonsson from Lund, in the South of Sweden, reported on 22 cases of Microsporum canis infections during one year, five of which were Tinea capitis (4). She suggested that our result showing no case of Tinea capitis was due to the fact that our study included only few children. Five cases in that study were, however, 16 years of age and younger, and the mean age was lower than that of the study made in Lund. Comparing the studies it is obvious that in the urban area of Stockholm one would expect fewer cases of Tinea caused by the zoophilic Microsporum canis than in Lund with its higher proportion of rural inhabitants. Lund is also situated closer to the European continent, where infections with Microsporum canis are relatively more common than in Northern Europe (2, 3).

In our clinic we have now made a follow-up study of all 8 cases infected by Microsporum canis, verified by culture, after the end of the last study until April 1984. Tinea capitis was found in one patient. There was still a poor correlation between mycological culture and direct KOH-examinations, since 7 cases had negative KOH-mounts. Microsporum canis is the fourth most common dermatophyte isolated in our clinic but seems to be, at present, of minor numerical epidemiological importance. Nevertheless, it sometimes presents an obscure clinical picture, causing difficulties in establishing the correct preliminary diagnosis. In this study the main preliminary diagnosis was Tinea only in 3 of 8 cases. Once more, this emphasizes our conclusions from the first report i.e. the importance of mycological culture in order to detect the infection and to confirm the diagnosis.

REFERENCES


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