

doctor

#### **Histo- 4**

**Moderator:** can you list fungal infections you come across?

**Respondent:** the common ones, we do classify the fungal infection to three: the superficial, the deep and the systemic fungal infections. And the most common superficial infection are: the scalp infection, we call tinea capitis and the other skin infection we call it tinea corporis and there is also nail infection called onychomycosis. And the foot infection we call it tinea pedis. These are the superficial ones and the commonest one. And the deeper one are the mycetoma and we can class classify as the eumycetoma and actinomycetoma. The former one is caused by fungus and the latter is caused by bacterial infection. The clinical presentation is very similar and it's difficult to differentiate the two. It needs a lot of investigation. Usually we treat both to addressing both the bacteria and the fungus. The common one is the bacterial type. For systemic we don't have such exposure in the dermatological. It's more of the medical side.

**Moderator:** so what do you recommend when you face them?

**Respondent:** first we make some simple investigation, most of the diagnosis are clinical due to some constraint of these investigation and also burden of the patient is higher. Because of this most superficial case are diagnosed clinically but if there are doubt since there are some disease that mimic that of the superficial fungal infection. Because of that we will do KOH test. Based on that result we will treat. but if we have children below five years and if there is onychomycosis infection, since the duration of the medication is like for six months we will do the KOH test and if the result became negative we will do culture and we will treat them. In case of deeper fungal infection for the mycetoma beside the KOH we will also do the biopsy which is based on the histopathologic result we treat according to the result.

**Moderator:** can you list the drugs that you use for the treatment?

**Respondent:** for the tinea capitis we use the griseofulvin. And we haven't experienced as such resistance for the griseofulvin. If for tinea capitis not cured in six months we will extend it for 18 week again. But still if there is no response we have terbinafine and we can also use fluconazole and itraconazole. For the deeper mycetoma our first line drug is the itraconazole. Other wise we rarely use fluconazole. And also sometimes we use the ketoconazole.

**Moderator:** why do you prefer one over the other?

**Respondent:** it's because of the efficacy.

**#:** at this point I couldn't hear what they were saying.

**Respondent:** we will also use the topical ones for the tinea corporis, tinea pedis. The patient can get these from private pharmacies without prescription. But for the systemic they need to have prescription.

**Moderator:** what do you suggest should be improved at the end? And by who?

**Respondent:** the ministry of health, the hospital and pharmacies they should make the drug available. With possible affordable price. It's not what it looks from the outside there is a high

burden of these disease in our community. The problem is we don't have adequate statistics. We need to do some research. the hospital or the others in order to get some clue regarding the burden of the disease. Currently the big challenge is, except the griseofulvin all other medications are not available in the market. Pharmacies have increased the cost of the drug because of the shortage of the drug.

**Moderator:** can animal bring the disease to the animal?

**Respondent:** especially the superficial infections tinea capitis source of infection can be human itself or animal. Some of the fungal infection which are zoophilic can be from the animals. And sometimes the dogs. And even horses can be source of the Infection.

**Moderator:** do you think the people in the community are aware of that transmission?

**Respondent:** no.

**Moderator:** I have few pictures here and will you tell me if you are aware of them?

**Respondent:** this one for example is tinea capitis, tinea corporis and this one is nail infection or onychomycosis. I don't think this one is fungal infection. It looks a wart.

**Moderator:** how would you treat this?

**Respondent:** we use systemic antifungals, griseofulvin at dose of 20 -25mg per Kg for six week. This one is a nail involvement we use fluconazole 400mg on weekly basis. Also we use the itraconazole as pulse therapy. And also we use the terbinafine. But in the case of tinea pedis we use the griseofulvin. For this one we use topical antifungals.

**Moderator:** you mentioned about side effect. What side effect do you regularly see?

**Respondent:** with griseofulvin we see the GIT upset. and have never faced other complications like hepatitis or liver damage I have seen it on the books. But I haven't encountered that.

**Moderator:** have you heard of complaints from the patients?

**#: I couldn't catch up what they are saying because of the disturbance.**

**Moderator:** have you ever seen cases like this?

**Respondent:** I haven't seen it here. But when I was general practitioner, I have seen case like this.

**Moderator:** what was your first thought when you see this for the first time?

**Respondent:** it resembles with TB, it's very common so we consider TB. Even if it's negative result, since it's epidemiological, we consider that.

**Moderator:** would you ever do a fungal investigation?

**Respondent:** here in Addis we have it. but in the periphery there is no fungal investigation they can't do it.

**Moderator:** If you found TB positive, would you do any fungal culture?

**Respondent:** if it's positive that would be a typical TB. But if it's negative and symptom complex like: fever, cough more than 15 days, weight loss. And any contact history and chest X-ray we will start anti TB, if there is no response we may check for others.

**Moderator:** you mentioned about the availability. Why it's not imported? Or not produced here in the country?

**Respondent:** most of the drugs are imported from the outside and currently there is shortage of the dollar.

**Moderator:** how often you struggle to find the drug that you need is it all of the time? Is it 50% of the time?

**Respondent:** the medications are available in the market. but it's the matter of the cost. It depends on the income of the patient.

**Moderator:** what will commonly influence what drug you prescribe? is it the cost, the patient, is it advertising as well? What will affect what you prescribe?

**Respondent:** regarding antifungal it doesn't affect as such. Because it's already available. Rather it depends on the patient affordability and the side effect of the drug. If the patient can afford we give the more effective, the one with lower side effect.

**Moderator:** have you seen thing like this on a horse?

**Respondent:** when I was a child I have seen that. My father used to have it. If we see such things on the horse we throw away the horse. It's believed that it will kill them.

**Moderator:** is there anything else you want to tell us?

**Respondent:** no.