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Prevalence of tinea capitis and corporis in Benghazi

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cross sectional prospective study was carried out over a period of one year from (April 2008-March 2009), depending on pre-A structured questionnaire, study was carried out on a total of two hundred patients with different age, sex and with clinically suspected cases with tinea capitis and corporis. Specimens were obtained from skin scales of the lesion. Hair specimens were collected by plucking the hair with forceps. The aim of this study to identify the etiological agents involved in these infections. Out of 200 patients who presented with suspected superficial fungal and to determine prevalence of tinea capitis and tinea corporis in Benghazi population. Infected, 113 (56.5%) were male and 87 (43.5%) were female. Out of these, 117 children (65 male and 52 female) were provisionally diagnosed with tinea capitis and corporis. The youngest patient was a 5 months old infant, whereas the eldest patient a 71 year old man. Greater number of positive cases of dermatophytes is seen in children under the age of 15 year. Tinea capitis was predominant in 31 (57.4%) children, while tinea corporis were (14.8%) children. 125 (62.5%), were found to be positive by direct microscopic examination only, while 50 (25%) by culture only and 45 (22.5%) positive by both techniques. In addition 36 (18%) patients give positive family history of dermatophytosis, 9 patients of them were positive culture while 55 (27.5%) patients had history of contact with animals 16 of them were positive culture. Also17 (8.5%) were foreign patients, of these 8 were soudanense. In this study, the most common sites where dermatophytes in Tinea corporis isolated were the neck and back. Also we observed that, T. violaceum was the most common dermatophyte isolated 13 (24%) (mainly among children under age of 15 years). T. soudanense 9 (16%) was the second common isolated, followed by T. schoenleinii 8 (14.8%), other dermatophytes in descending order, were M. canis 5 (9.3%), T. mentagrophytes 4 (7.4%), M. ferrugineum 3 (5.5%), T. rubrum 3 (5.5%), T. tonsurans 2 (3.7%), M. nanum 2 (3.7%), T. yaoundi 1 (1.8%), T. terrestre 1 (1.8%), T. verrucosum 1 (1.8%), M. audouinii 1 (1.8%) and 1 (1.8%) were unidentified. Culture the isolates were a mixed of dermatophytes, in 2 cases of tinea capitis the culture revealed in mixed of T. violaceum and T. mentagrophytes, while 2 cases of tinea corporis; T. tonsurans and T. schoenleinii where the culture revealed a growth of T. rubrum and M. nanum. The infection was found to occur more frequently in males (29 cases than in females (25 cases). In the present study, grey patch was the predominant type of tinea capitis 32 (16%), black dot 2 (1%) and kerion 2 (1%) was the least common types.

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Development of molecular kit to minimize the Ciprofloxacin and Amoxyclav resistance strains from chronic supportive otitis media

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Chronic suppurative otitis media (CSOM) is defined as chronic inflammation of middle ear cleft characterized by persistent or intermittent infected ear discharge from a non-intact perforated tympanic membrane at least for 3 months of duration. Commonly ciprofloxacin and amoxyclav are used as safe and popular antibiotics for CSOM. But unfortunately the antibiotics become resistant due to the over use or miss use. For that culture sensitivity is highly required. The sensitivity of bacterial detection in middle ear infections has been improved by PCR. It is useful for the detection of pathogens that are slowly growing, difficult to culture or hazardous to handle in a diagnostic lab. In briefly, the culture sensitivity method is a time consuming and required at least 72 hour to give the report. But in the polymerase chain reaction, we can understand the resistance of ciprofloxacin and amoxyclav with in 3 hour. After getting the result, the clinician may or may not prescribe these antibiotics. The objective of this study is to develop a molecular kit (primers) to early detection of the efficacy of these antibiotics (ciprofloxacin and amoxiclave) with the clinic-microbiological profile of CSOM and to analyze the susceptibility pattern of the aerobic bacterial isolates, so that an antibiotic policy can be formulated for CSOM, for better patient management.

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