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Sidharth Sonthalia

SKINNOCENCE: The Skin Clinic and Research Centre, India

DERMOSCOPY – The new non-microbiological diagnostic tool for mycotic infections

Background: The rampant use of over-the counter steroids for tinea has resulted in the epidemic of tinea incognita leading to the epidemic of antifungal therapeutic failures in South Asian countries. Intermittent or prolonged use of oral/topical corticosteroids in cutaneous fungal infections not only renders treatment difficult, but also jeopardizes clinical as well as laboratory diagnosis by standard KOH smear and fungal culture methods, since the scaling (that contains the fungi) is dramatically suppressed. DERMOSCOPY is a relatively new non-invasive imaging technique that has till now been used by skin specialists for discerning benign moles from melanomas. However, in this lecture, I shall demonstrate and explain the innovative repurposing of Dermoscopy by my team and me to serve as a dependable tool for prompt diagnosis of cutaneous mycotic infections.

Dermoscopy in diagnosis, selection of choice of treatment and follow-up in patients with steroid-modified tinea/dermatophytosis:

o Onychoscopy [Dermoscopy of the Nail Unit for diagnosis of Onychomycosis]

- Onycholysis with jagged proximal margin
- Aurora borealis pattern (longitudinal striae of different colors)
- Ruin pattern (distal pulverization of nail plate)
- Fungal melanonychia

o Trichoscopy [Dermoscopy of the Scalp & Hair for diagnosis of Tinea Capitis]

- Comma or C-shaped hair Cork screw hair or coiled hair Broken/ zig-zag/ bended/ angulated/ deformable hair
- Black dots, Morse-code hair and translucent hair
- More specific for ectothrix infections – morse code hair,

endothrix infection – comma/ cork-screw hair.

Dermoscopy OF NON-GLABROUS skin for diagnosing Tinea corporis/cruris INCOGNITO [when KOH and culture are difficult due to suppression of scaling]

o Tinea of vellus hair – perifollicular scaling, translucent hair, bended hair, morse-code hair, corkscrew and comma-shaped hair, brown dots with whitish halo – indication for systemic antifungal treatment and aids in deciding treatment duration.

- Dermoscopy OF GLABROUS skin for diagnosing Tinea of palms and soles
- Tinea pedis/ mannum – localization of scales to palmar and plantar creases.

Conclusion: Thus, in this lecture, I shall share the past 10-years of experience of my team in repurposing DERMOSCOPY as a tool for diagnosis of fungal infections, especially when KOH/culture are not possible or non-diagnostic.

Speaker Biography

Sidharth Sonthalia is a Senior Consultant Dermatologist & Medical Director, SKINNOCENCE: The Skin Clinic & Research Center, Gurugram, India. He devotes his time equally to patients, active research (translational/clinical) and education of other Dermatologists and allied Specialists in novel and controversial subjects like Dermoscopy, Dermatopathology, Management of Resistant Fungal Infections, Psychodermatology PCOS etc., by organizing focused congresses and International Summits under the aegis of his initiative DermaSource India,. He has delivered more than 80 lectures as invited Guest Faculty at various International conferences organized by ASPCR, ICD, IPCC, CCD, WCD, WDC and DERMACONS. He is serving as the Founding Chair of the South Asian Alliance against Cutaneous Mycosis [SAARCUM], Secretary General of Asian Society of Pigment Cell research [ASPCR], Chief Founder & Secretary General of the Indian Society of Dermoscopy, Onychoscopy & Trichoscopy [ISODOT], He is a founding co-chair of the Afro-Asian Dermoscopy Group [AADG].

e: drsidharthsonthalia@gmail.com