

Fungal Infections



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https://www.emedicinehealth.com/fungal_ski n_infection_vs_eczema/article_em.htm



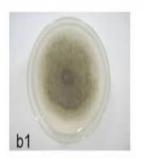
https://healthcarentsickcare.com/7-common-types-of-fungal-infection

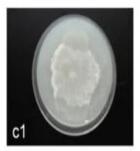




https://www.abc.net.au/news/2022







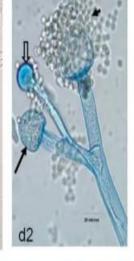




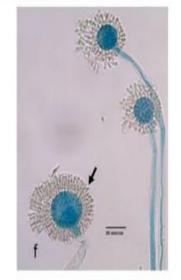


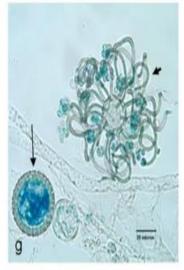












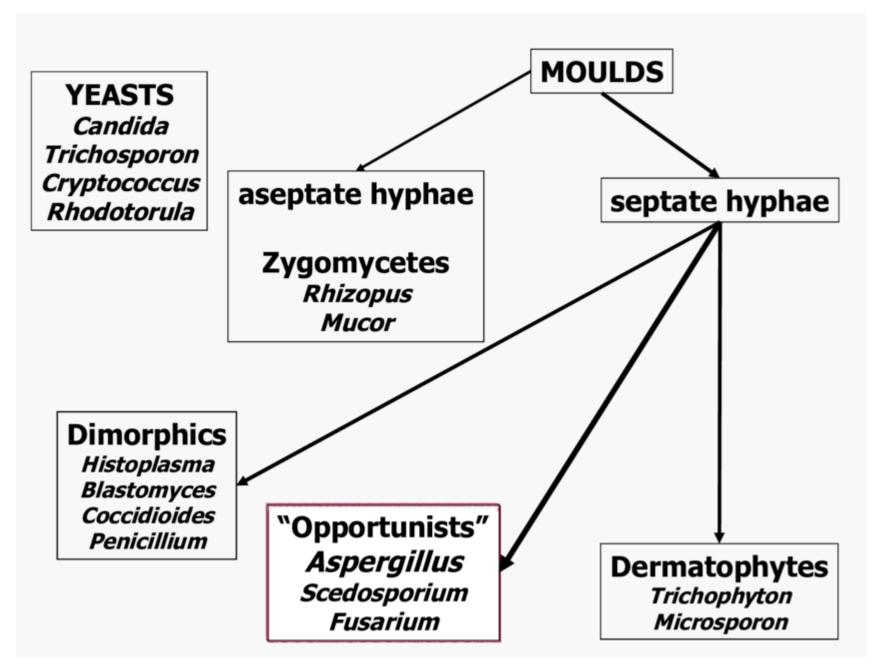
Unusual Mucormycetes

(a2, b2, c2, d2, and e to g) Lactophenol cotton blue mount preparations. (a1, b1, c1, and d1) Potato dextrose agar (PDA) medium plates. (a1) C. bertholletiae colony surface on a PDA medium plate. (a2) C. bertholletiae sporangiophores in terminal swellings called vesicles, with sporangioles (short arrow). (b1) Colony surface of R. pusillus on a PDA medium plate incubated at 30°C for 96 h. (b2) R. pusillus sporangiophores with globose sporangia. (c1) S. vasiformis colony surface on a PDA medium plate incubated at 30°C (48 h). (c2) S. vasiformis sporangiophore arising from a "foot cell"-like hyphal element (long arrow), flask-shaped sporangium, and liberated sporangiospores (short arrow). (d1) Actinomucor elegans colony surface on a PDA medium plate incubated at 30°C (96 h). (d2) Actinomucor elegans branched sporangiophores, sporangium (long arrow), columella (block arrow), and various sporangiospores (short arrow). (e) Unbranched Apophysomyces elegans sporangiophore (long arrow) with a pyriform sporangium (short arrow). (f) S. racemosum sporangiophores with merosporangia (short arrow). (g) C. recurvatus sporangiolating vesicle (short arrow) and zygospores (long arrow). Bars, 20 µm. (All photomicrographs except panel a1 courtesy of Deanna A. Sutton, reproduced with permission.)

LEARNING OBJECTIVES

AFTER STUDYING THIS CHAPTER, YOU SHOULD BE ABLE TO:

- Categorize various fungal diseases by body system (e.g., respiratory system, circulatory system, etc.)
- Correlate a particular fungal disease with its major characteristics, etiologic agent, reservoir(s), mode(s) of transmission, and diagnostic laboratory procedures
- Briefly explain how fungi cause disease
- Classify a given fungal infection as being a superficial, cutaneous, subcutaneous, or systemic mycosis
- State several diseases caused by dimorphic fungi

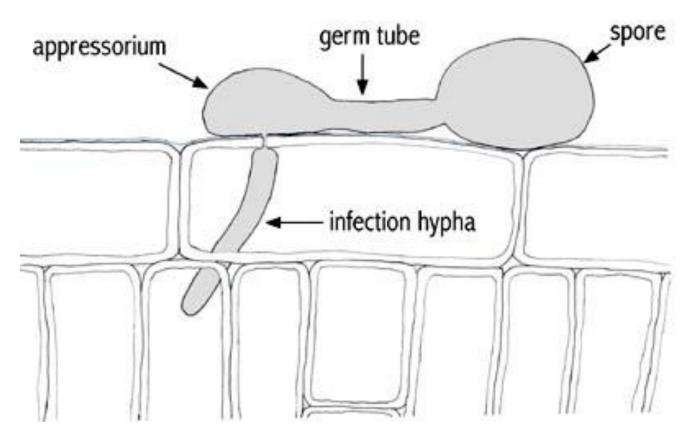


✓ Fungal infections are also known as mycoses (sing., mycosis).

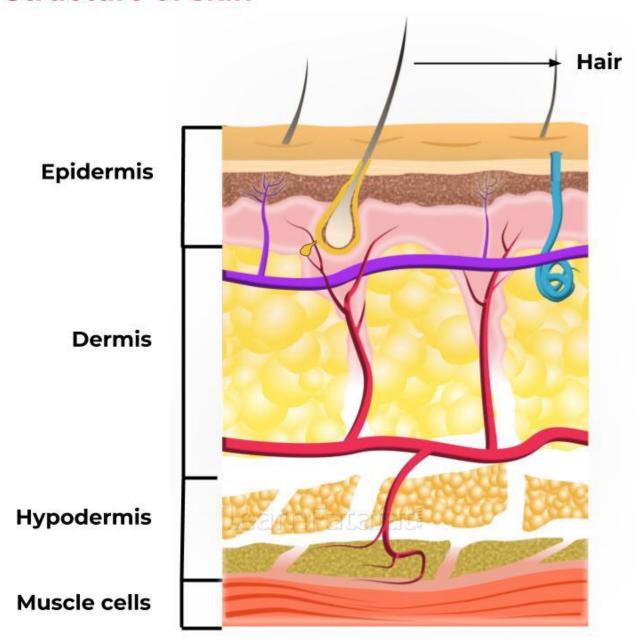
✓ Mycoses are caused by certain yeasts, moulds, and dimorphic fungi.

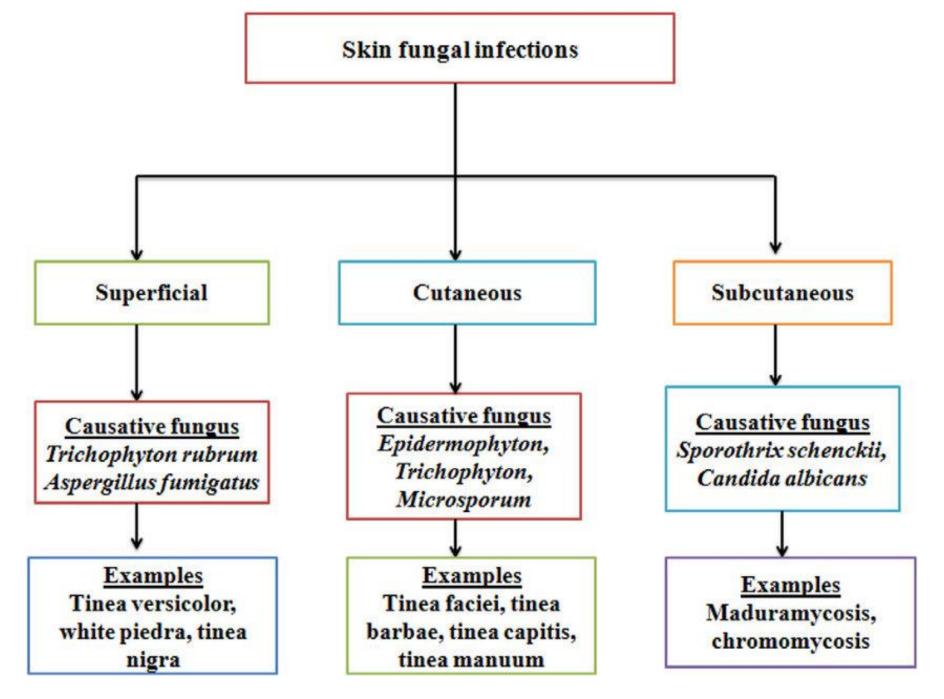
HOW DO FUNGI CAUSE DISEASE?

Fungal pathogens cause disease by invasion and mechanical destruction of tissues and/or obstruction of the flow of bodily fluids.



Structure of skin







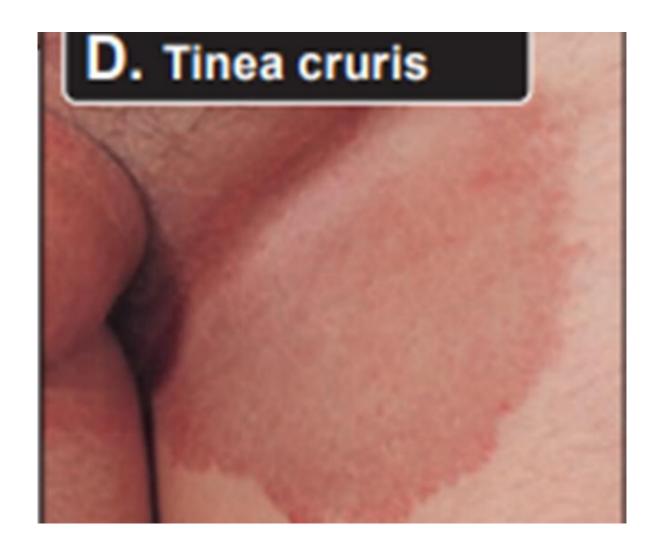
(A) Tinea pedis (athlete's foot)



(B) *Tinea corporis* (ring worm of the trunk, shown here on the shoulder)



(C) Tinea capitis (ringworm of the head)



(D) Tinea cruris (ringworm of the groin area)



(E) Tinea unguium (ringworm of the nails).

(From Harvey RA, et al. Lippincott's Illustrated Reviews: Microbiology, 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2007.)



Mycetoma of the foot. (From Binford CH, Connor DH. Pathology of Tropical and Extraordinary Diseases, vol. 2. Washington, DC: Armed Forces Institute of Pathology, 1976.)

Subcutaneous mycoses



(A) The cutaneous-lymphatic form of sporotrichosis on a patient's arm

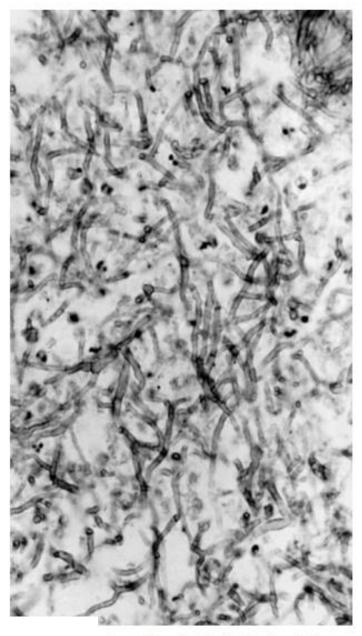


(B) chromomycosis on a patient's leg



(C) Mycetoma on a patient's arm.

(From Harvey RA, et al. Lippincott's Illustrated Reviews: Microbiology, 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2007.)



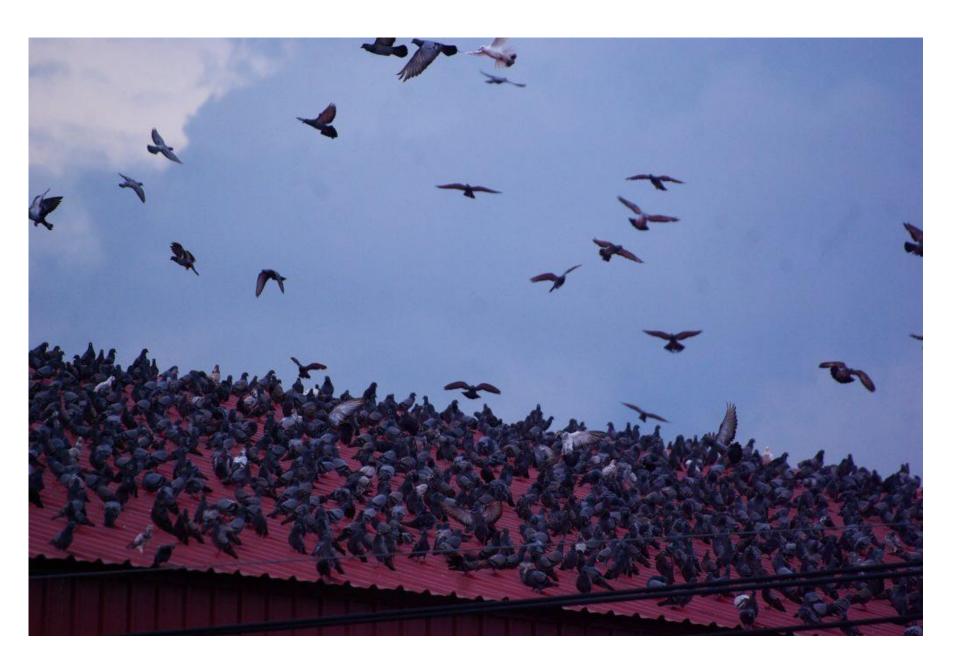
Aspergillus fumigatus hyphae in lung tissue from a patient with aspergillosis. (From Schaechter M, et al. Mechanisms of Microbial Disease, 3rd ed. Philadelphia: Lippincott Williams & Wilkins, 1999.)



Oral candidiasis (thrush). (From Harvey RA, et al. Lippincott's Illustrated Reviews: Microbiology, 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2007.)

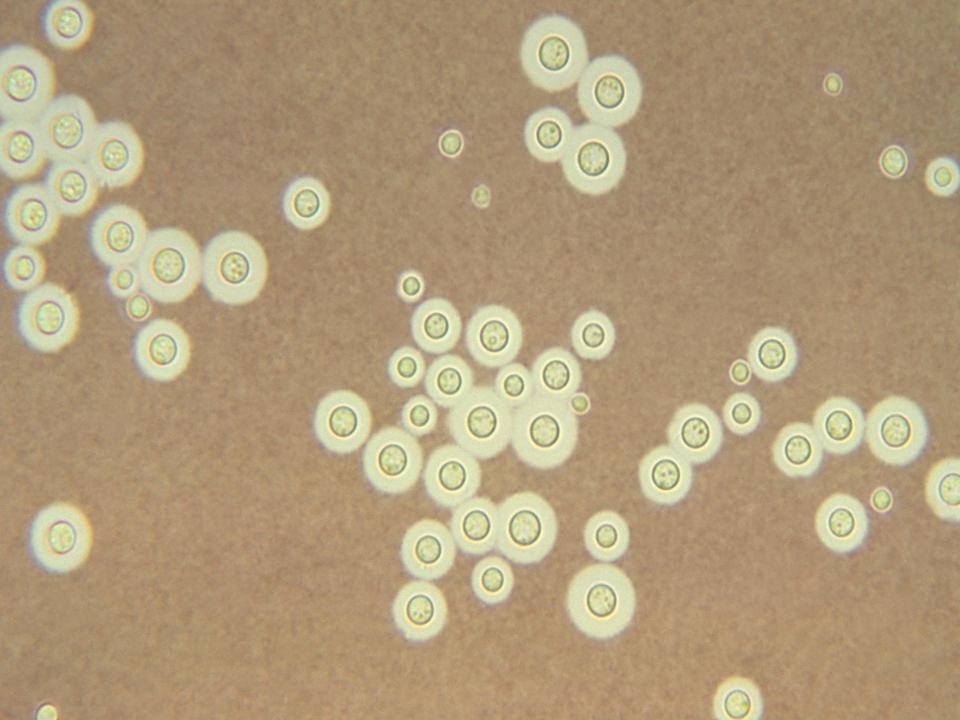
Pigeon



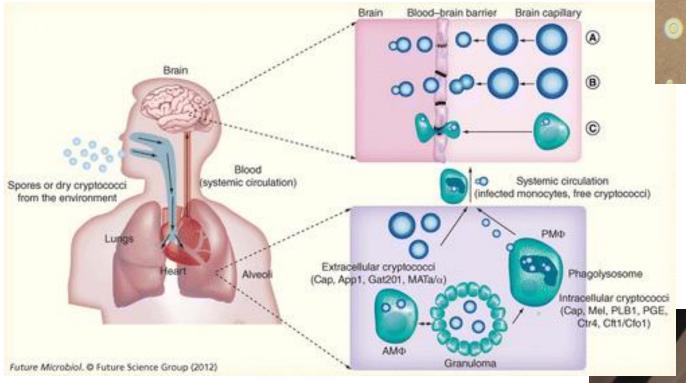


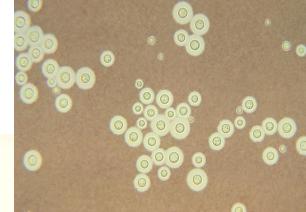






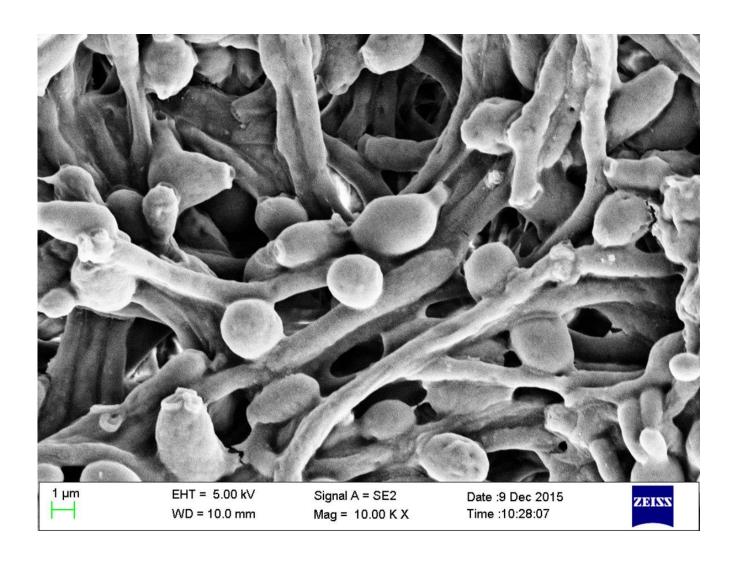
Cryptococcus neoformans

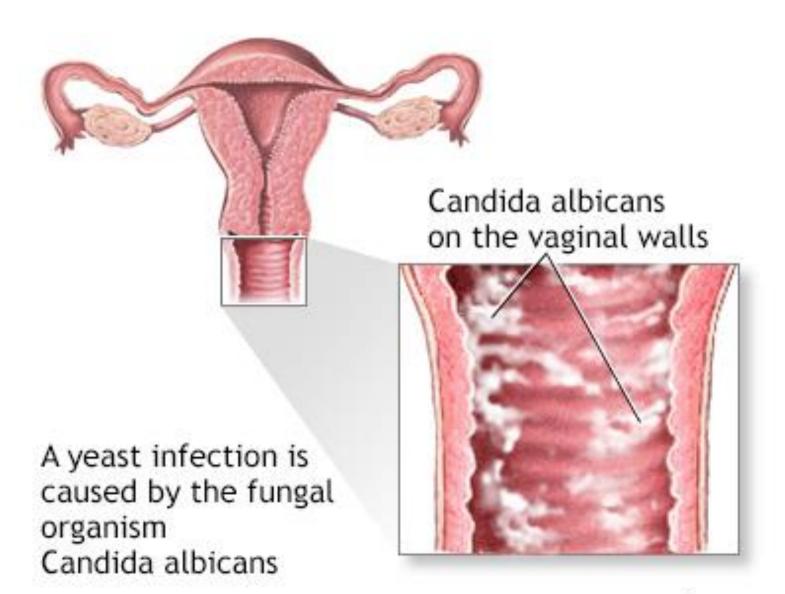




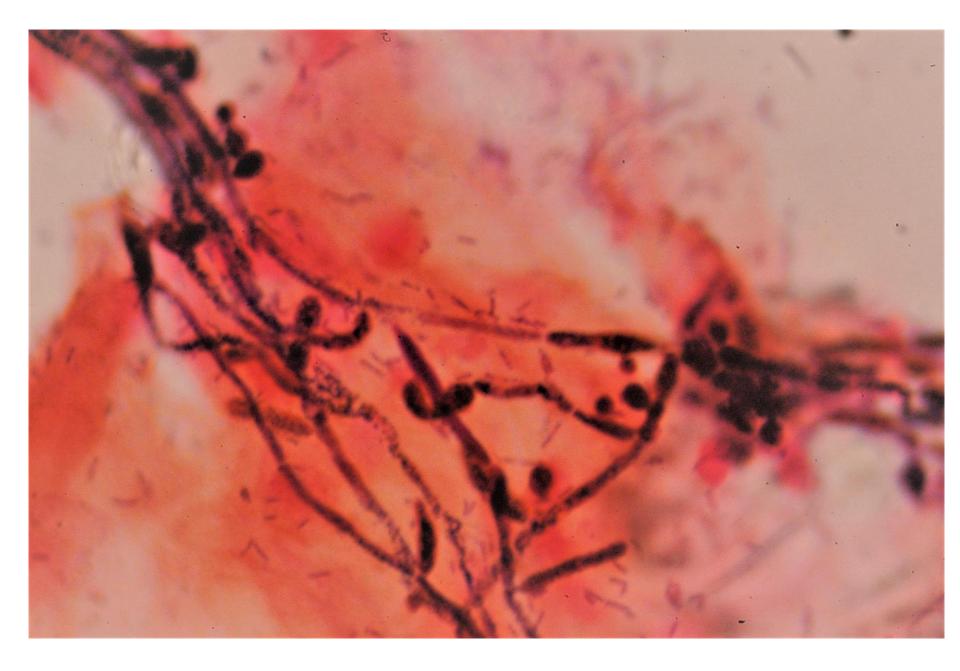
Candida albicans

(เชื้อราในช่องคลอด)









https://en.wikipedia.org/wiki/Vaginal_yeast_infection

Recap of Some Major Fungal Infections of Humans

DISEASE	FUNGAL PATHOGEN
Aspergillosis	Various species of Aspergillus (moulds)
Black piedra	Piedraia hortae (a mould)
Coccidioidomycosis	Coccidioides immitis (a dimorphic fungus)
Cryptococcosis	Cryptococcus neoformans (an encapsulated yeast)
Dermatomycoses	Various filamentous fungi (moulds), collectively referred to as dermatophytes
Histoplasmosis	Histoplasma capsulatum (a dimorphic fungus)
Penicilliosis	Various species of <i>Penicillium</i> (moulds)
Pneumocystis pneumonia	Pneumocystis jiroveci (formerly Pneumocystis carinii) (a nonfilamentous fungus having both protozoal and fungal properties)
Sporotrichosis	Sporothrix schenckii (a dimorphic fungus)
Tinea nigra	Hortaea werneckii (a mould)
Tinea versicolor (pityriasis versicolor)	Malassezia furfur (a mould)
Thrush	Candida albicans (a yeast)
White piedra	Usually caused by Trichosporon beigelii (a mould)
Yeast vaginitis	C. albicans (a yeast)
Zygomycosis (mucormycosis, phycomycosis)	Various zygomycetes, including bread moulds

WHO fungal priority pathogens list. (World Health Organization)



High group



Nakaseomyces glabrata (Candida glabrata)



Histoplasma spp.



Eumycetoma causative agents



Mucorales



Fusarium spp.



Candida tropicalis



Candida parapsilosis

Medium group



Scedosporium spp.



Lomentospora prolificans



Coccidioides spp.



Pichia kudriavzeveii (Candida krusei)



Cryptococcus gattii



Talaromyces marneffei



Pneumocystis jirovecii



Paracoccidioides spp.

effects Terbinafine Creates a deficiency Flaking, peeling, Lamisil (cream, gel, or Athlete's foot in ergosterol, a key itching, redness⁷ spray)7 Jock itch component of the fungus' Body ringworm cell wall; this causes the Dosage: Refer to terbinafine cream for fungi to die specific instructions; other products are

How does it work?

Creates a deficiency

in ergosterol, a key

Potential adverse

Burning, stinging,

itching, redness7

Brand names

Lotrimin Ultra (cream)

TABLE. OVER-THE-COUNTER TOPICAL SKIN ANTIFUNGALS⁶⁻¹²

What is it used for? / Dosage

used 1x/day for 1 week

day for 4 weeks

Athlete's foot: 2x/day for 1 week, or 1x/

Medication

Butenafine

component of the fungus' Jock itch: 1x/day for 2 weeks cell wall: this causes the Body ringworm: 1x/day for 2 weeks⁸ fungi to die7 Alters the permeability Localized burning. Athlete's foot of the fungal cell wall stinging 8.30 Jock itch and inhibits essential

Ketoconazole Ketoconazole External: Miconazole Micatin (miconazole); Desenex (miconazole); Clotrimazole Body ringworm intracellular elements^{8,30} Refer to product description for individual directions 8.20 Naftifine Naftin External Athlete's foot: 1x/day (1% cream) or Creates a deficiency Burning, dryness, itching, redness7 2x/day (1% gel) for 2 weeks, up to 4 in ergosterol, a key (cream or gel)

Clotrimazole External wooks component of the fungus' cell wall; this causes the Jock itch: 1x/day (1% cream) or 2x/day (1% gel) for up to 4 weeks fungi to die18 Body ringworm: 1x/day (1% cream) or 2x/day (1% gel) for up to 4 weeks^{7,11}

Tips to Prevent a Fungal



Eat plenty of fruits and vegetables



Keep skin clean and dry



Consume foods with live cultures, like yogurt



Talk to your healthcare provider about taking probiotics (if you are taking antibiotics or steroids)



Avoid taking antibiotics unless absolutely necessary

