sexual abuse but not evidential. Nevertheless, perianal herpes in children should always trigger suspicion of sexual abuse, but proper evaluation is necessary before establishing this cause.

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Dermatomycosis in renal transplant recipients in Adana, Turkey
The long-term use of immunosuppressive agents is associated with a variety of complications including increased susceptibility to opportunistic infections by fungi, bacteria, viruses, and protozoa in renal transplant recipients (RTRs). Superficial fungal infections caused by Candida and Malassezia yeasts as well as dermatophyte fungi have been well documented in this group. This study aimed to determine the clinical forms and causative agents in addition to prevalence of dermatomycosis in RTRs.

Fifty-eight patients (36 men, 22 women) have been evaluated for scalp, glabrous skin, and nail dermatomycosis. To investigate the effects of duration of immunosuppression on dermatomycosis, the RTRs were further divided into three groups according to the interval after transplantation: group A (< 1 years, n = 13 patients), group B (from 1 to 5 years, n = 31 patients), and group C (over 5 years, n = 14 patients).

Symptomatic and asymptomatic tinea capitis. Each RTRs scalp was examined for broken hairs and/or alopecia, scaling, and crusting. However, scalp samples were taken by cotton swab from all RTRs irrespective of the clinical symptoms. Sabouraud glucose agar (SGA) amended with a mixture of cycloheximide, chloramphenicol, and gentamicin was used as a study medium.

Skin and nail specimens. The scrapings were aseptically collected into pre-sterilized paper packets after cleaning the lesions with 70% alcohol. All samples were examined by direct microscopy in 15% potassium hydroxide. The remainder of each specimen was inoculated onto agar slants of SGA, potato dextrose agar, and mycobiotic agar. The growing dermatophyte colonies were identified with classical methods.

Pityriasis versicolor (PV). Cases of PV were diagnosed on the basis of microscopical demonstration of the characteristic “meatballs and spaghetti” pattern of the respective yeast and hyphal forms of Malassezia species in skin scrapings.

Mean age at time of diagnosis was 39 (16–93) years. No asymptomatic or asymptomatic tinea capitis has been determined. In three RTRs interdigital tinea pedis, in three RTRs interdigital tinea pedis + toenail onychomycosis [two with distero-lateral subungual onychomycosis (DLSO), one with total distrophic onychomycosis (TDO)] have been found. Also in one DLSO of the fingernail, and in another RTR, TDO of the toenail have been determined. Hypopigmented PV was determined in upper arm of one patient. One (7.7%) of the patients has been placed in group A, three (9.7%) in group B, and four (28.6%) in group C (Table 1).

The prevalence of superficial dermatomycosis in RTRs was discussed before in several studies and was recorded if it is a predisposing factor or not. But the results have been different and the prevalence of dermatomycosis has been found between 3.3 and 75%. In this study, the prevalence of dermatomycosis has been found to be 13.8%.

Several studies found that the prevalence of dermatomycosis rises with an increase in the duration of transplantation. It had
Correspondence

been found that nail and pedal interdigital dermatomycosis range between 4.0 and 22.2%,3,6 and 2.5 and 43%.3–7,9 Similarly in this study, dermatomycosis has been found minimum in group A; however, maximum in group C.

Sentamil Selvi et al.5 and Chugh et al.3 reported tinea corporis and tinea cruris (28–52.2%) as the most common clinical form of dermatomycosis in RTRs. However, PV is reported as the most frequent clinical form (15.4–48%) particularly in hot and humid regions.2,3,6,7 Gulec et al.6 noted that dermatomycosis was found in 65 (63.7%) of 102 RTRs and 27 (30.7%) of healthy 88 controls. Alper et al.7 observed the prevalence of 23% for PV, 14.3% for tinea glabrosa, and 12.4% for onychomycosis in 111 RTRs. The prevalence of PV is 1.7% in our study, this is quite low as compared with the other two studies from Turkey.6,7 In our study, however, no cases of tinea capitis was detected, Virgili and Zampino10 reported Microsporum canis tinea capitis cases in an adult RTR.

As a result, it has been concluded that in this study neither the prevalence of dermatomycosis in RTRs is different from overall population nor is it a risk group. However, the risk rises five years after the renal transplantation.

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References


Table 1 Distribution of 58 RTRs with dermatomycosis according to age, gender, and causative agents

<table>
<thead>
<tr>
<th>Age/Gender</th>
<th>Lesion site</th>
<th>Direct microscopy</th>
<th>Fungal culture</th>
<th>Duration of transplantation (month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fingernaila</td>
<td>+</td>
<td>–</td>
<td>71</td>
</tr>
<tr>
<td>2</td>
<td>Toeweb</td>
<td>+</td>
<td>T. rubrum</td>
<td>62</td>
</tr>
<tr>
<td>3</td>
<td>Toeweb</td>
<td>–</td>
<td>T. interdigitale</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>Toeweb/upperarm</td>
<td>–/+</td>
<td>T. rubrum/PVb</td>
<td>64</td>
</tr>
<tr>
<td>5</td>
<td>Toenailb</td>
<td>+</td>
<td>C. glabrata</td>
<td>7 (rejection + ATG)d</td>
</tr>
<tr>
<td>6</td>
<td>Toeweb/Toenailb</td>
<td>–/+</td>
<td>T. rubrum</td>
<td>22</td>
</tr>
<tr>
<td>7</td>
<td>Toeweb/Toenailb</td>
<td>+/+</td>
<td>T. interdigitale/T. interdigitale</td>
<td>17 (rejection)</td>
</tr>
<tr>
<td>8</td>
<td>Toeweb/Toenailb</td>
<td>+/+</td>
<td>T. interdigitale/T. rubrum</td>
<td>70</td>
</tr>
</tbody>
</table>

aData: distero-lateral subungual onychomycose.
BPV: Pityriasis versicolor.
CTDO: Total dystrophic onychomycose.
ATG: Antithymocyte globulin.