

## CURRENT TRENDS IN MEDICAL MYCOLOGY

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Public health importance of fungal infections lies in the fact that they occur frequently throughout the world and are very heterogeneous in etiological and nosological point of view. Their relative therapy-resistance and high relapse rate are also remarkable. For this reason, the medical mycology needs an urgent change of attitudes to clinical and diagnostic aspects.

The investigation of predisposing factors, the route of infection, as well as the distribution, ecology and environment of obligatory and facultative pathogenic fungi is necessary for the adequate therapy of fungal infections. The introduction of new laboratory techniques, the standardization and quality control of classic methods also improve the efficacy of prevention and treatment. This lecture overviews some of the actual problems.

One of the most important trends in the dermato-mycology is the natural spectrum change of anthropophilic dermatophytes. *Epidermophyton floccosum* became very rare while *Microsporum (M.) audouinii* has disappeared. Their space have been filled in by the anthropophilic *Trichophyton (T.) rubrum* and the zoophilic *M. canis*, respectively. The main source of etiological agent of favus *T. schoenleinii* has already disappeared in Central Europe together with the horroristic clinical picture.

*Sporothrix schenckii* shows the widest geographic distribution among the dimorphic fungi. At the beginning of the century it occurred in numerous clinical samples but in next decades became rare. From the fifties it could be isolated only in a few cases. However, the soil and plants are its reservoirs even in Hungary. On the other side, eventual imported cases of coccidioidomycosis and histoplasmosis must be taken into consideration.

Yeast infections show the greatest change in the last thirty years. The increasing number of predisposing factors has led to a dramatic increase in these life-threatening mycoses. In the field of mucosal infections, however, only a shift of proportions can be noticed primarily due to the increasing of drug-induced resistant strains and species.

Little is known about the real pathogenic role of moulds in cutaneous and subcutaneous infections. This is especially true in onychomycosis. The other unexplored field of mould infections is mycotic keratitis where the extremely small clinical sample causes diagnostic problems.

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The standard and the new, mainly molecular methods improve the diagnostic tool of human medicine. The most important thing is, however, the good co-operation of clinicians and laboratory professionals to recognize the necessity of mycological investigation and the correct interpretation of laboratory results to the interest of the patient.