Short report

TERBINAFINE IN TINEA CAPITIS DUE TO MICROSPORUM CANIS

V. Dragoš, B. Podrumac, B. Kralj, I. Bartenjev and M. Dolenc

ABSTRACT

Ten children within the age range of 3-9 years with non-inflammatory tinea capitis due to Microsporum canis were evaluated in an open clinical test. The pilot study ran from January to November 1994.

Each child was given oral terbinafine (Lamisil) for 6 weeks once daily according to body weight (dose range 62,5 -125 mg/day). The therapy was continued with topical 1% terbinafine cream for another 6 weeks.

After 6 weeks of oral terbinafine application all mycological investigations remained positive, whereas cultures turned out to be negative in 5 cases (50%).

After 12 weeks the KOH and Wood tests became negative in 6 (60%), culture was negative in 6 (60%). No systemic or topical side effects were noted, so we found terbinafine safe and well tolerated.

Further studies with longer oral terbinafine treatment in tinea capitis due to Microsporum canis are suggested.

KEY WORDS

tinea capitis, Microsporum canis, children, terbinafine, oral application, topical application

INTRODUCTION

The incidence of Microsporum canis (M. canis) infection has been on a steep increase during the recent years in South Europe, Slovenia included (1). The majority of patients are children, scalp infections being not rare. M. canis usually causes dry non-inflammatory lesions, kerion is extremely rare (2). For years griseofulvin was the only effective systemic agent for tinea capitis. Terbinafine hydrochloride has a fungicidal effect in vitro and was found effective in treatment of dermatomycoses of the skin, nails and scalp (3,4,5).

In the present study, we tried to find out the efficacy and tolerability of a 6-week treatment with orally administered terbinafine, followed by a 6-week topical application of 1% terbinafine cream for tinea capitis due to M. canis in children.

MATERIALS AND METHODS

Ten children with dry non-inflammatory tinea capitis due to M. canis were included in the open clinical test. The clinical diagnosis was confirmed by direct microscopy of hairs treated with 10% potassium