



**INSTITUTE**  
**OF TROPICAL**  
**MEDICINE**  
**ANTWERP**

- Man, 35y, migrant from Bangladesh
- Referred by dermatologist
- Complaints: skin lesions since 2021 (2y ago), first on the feet, then spreading over both legs+ inguinal



- R/
  - itraconazole 200 mg/d for 6 weeks-→ slightly better
  - Intraconazole 400 mg for 7d, followed by 200 mg/d for 6 weeks, followed by pulse dosis of 2x200 mg every 14 days→ initial better, but worsoning thereafter
- His sister (living in Bangladesh) has similar symptoms and is treated by vorico p/o and miconazole cream. She is better



- Biopsie done by dermatologist: *clear mycosis*
  - Cultures: *Trichophyton rubrum*, *T interdigitalis*
- Cultures on skin scales at ITM:
  - T interdigitalis+ T rubrum
  - Because of treatment history and suspicion of resistance-→ Sensibility testing-→ When sample is looked at again-→ they find *Trichophyton indotineae*; confirmed by Maldi-Tof
  - New culture: *Trichophyton indotineae*

## ■ Results reference labo:

- Regarding your ref: 23032242, we confirm the identification as **T.indotineae**, the identification has been confirmed by Ef1-alpha sequencing and phylogenetic tree analysis. The strain is well classified into the T. indotineae clade. Antifungigram has been performed following EUCAST E. Def.11.0.
- MIC for terbinafine=4µg/ml, MIC for itraconazole=4µg/ml MIC for voriconazole=1µg/ml and MIC for amorolfine =0,008µg/ml, **so a probable resistance to terbinafine and itraconazole** and the value is at the ECOFF for voriconazole(Ecoff=1µg/ml).
- It seems susceptible for amorolfine. We also sequenced the **SQLE gene** and we found the substitution F97L, already described to be associated with **terbinafine résistance**. So we confirm T. indotineae resistant to terbinafine and itraconazole..

- “New” dermatophyte: genotype VIII of *T mentagrophyts/ interdigitalis*
- Epidemic spread around Indian subcontinent, replacing other *T rubrum*.
- Person-person transmission (few cases in animals)
- Treatment options:
  - intrinsic resistance to terbinafine
  - First treatment choice: itraconazole 200 mg /d for 4w up to 12w+ azole cream
  - Second voriconazole



## In our patient

- R/ Loceryl (amorolfine) cream (at that time available in B)
- Quid Voriconazole? But CAVE reimbursement?
- Plans to travel to Italy where Vorico is easier to get when prescribed by infectious disease specialist.
- Mail 3 months later: lesions are much better





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