

Hot Tips: Public Health Advisory #137 Date: 8/23/2023

Please copy and distribute to ALL physicians at your location.

Sexually Transmitted Severe Dermatophyte Infections

Key Messages

- French officials have identified an outbreak of severe dermatophyte infections that were likely transmitted through sexual contact.
- The fungus *Trichophyton mentagrophytes, genotype VII (TMVII)* was identified as the pathogen responsible for these infections.
- Most of the infections were noted among men who have sex with men, and several cases reported a previous misdiagnosis as another sexually transmitted infection (STI).
- Physicians should remain vigilant and consider the possibility of a fungal source when presented with a rash that presents as possibly STI related.

Situation

Dermatophytes consist of common fungi that lead to infections in the skin, hair, or nails, as they rely on keratin to grow and subsist. Various fungi of the *Trichophyton*, *Microsporum*, and *Epidermophyton* genera are considered dermatophytes. Common infections such as tinea pedis, tinea corporis, and tinea capitis, result from exposure to these fungi. Similarly, an infection of the groin, proximal inner thighs, or buttocks—known as tinea cruris—can occur. In France, an outbreak of severe dermatophyte infections has been identified among individuals who appear to have been exposed through sexual contact with infected partners. The infections have been attributed to *Trichophyton mentagrophytes, genotype VII (TMVII)*, and have mostly been identified among men who have sex with men. Additional cases have also been reported in Southeast Asia and Europe.

The implicated patients presented with erythematous skin lesions with active borders that were spread across the face, genital, and perianal areas. Both papular, nodular, and erythmato-squamous circinate lesions were also noted. Several of the patients reported having previous or recent alternate STI diagnoses or had coinfection with HIV. While most of the patients recovered following antifungal treatment with terbinafine and -azoles, many were initially misdiagnosed with bacterial STIs. The delay in obtaining proper diagnosis and treatment, lead to severe illness and hospitalizations in some of these cases.

Physicians should be aware of the emergence of sexually transmitted fungal infections when diagnosing patients presenting with signs or symptoms consistent with an STI. In addition, the possibility of an STI should be ruled out in patients presenting with tinea corporis, tinea faciei, tinea genitalis, or tinea glutealis. If an STI is suspected, both the patient and their partners should undergo screening and receive treatment as necessary. As coinfections are possible, patients should also be tested for other STIs such as syphilis, chlamydia/gonorrhea, HIV, and Mpox. In support of prevention efforts to reduce STI transmission, clinicians are also encouraged to assess for Mpox vaccination status and offer vaccination to any eligible patients.

Resources

Further information about the diagnosis and treatment of dermatophyte infections can be found via [Dermatophyte \(tinea\) infections - UpToDate](#) , or [Dermatophytosis - an overview | ScienceDirect Topics](#).

This bulletin is intended to improve the public health in our county by keeping physicians and nurses informed of noteworthy diagnoses, disease trends, and other events of medical interest. Another goal of a public health department is to educate. We hope that you will use this information to increase your awareness. Please allow us to continue in our role of speaking to the press so that we may maximize the educational message to the benefit of all citizens of Ventura County.