Keratomycosis in the area of Tunis: epidemiological data, diagnostic and therapeutic modalities

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Abstract

Fungal keratitis is a serious disease involving the visual prognosis. This pathology is not well known in Tunisia. The aim of our study is to determine epidemiological data and clinical and mycological characteristics of fungal keratitis in the area of Tunis (North of Tunisia) and discuss its therapeutic modalities. This is a retrospective study including 19 cases of fungal keratitis collected over a period of 11 years (January 1998-December 2008). The diagnosis of keratomycosis was based on clinical and mycological data. Mycological examination interested corneal scraping including direct examination and culture. The cases of fungal keratitis concerned 13 men and 6 women with a mean age of 48.7 years. The most common risk factors was corneal trauma (47.4%). The mean delay between the first ophthalmic signs and consultation was 17.7 days. Most frequently fungal isolated fungi were Candida albicans (6 cases), followed by Aspergillus spp (5 cases) and Fusarium spp (4 cases). All patients received topical and systemic antifungal therapy. The evolution was favourable in six cases. Three patients retained corneal scars. The surgery was necessary in 7 cases, consisting of a penetrating keratoplasty (5 cases), an enucleating (1 case) and amniotic membrane transplantation (1 case). In conclusion, despite the improvement of diagnosis and treatment of fungal keratitis, its prognosis remains pejorative. This prognosis depends on early diagnosis and choice of antifungal therapy.
We describe epidemiological and mycological features observed in the Tunis area in Tunisia. MATERIAL AND METHODS: Data were collected from 292 nail samples performed in 255 patients with suspected onychomycosis. RESULTS: Request for samples were made late, on the average 48 months after development of nail disorders. Most of the patients were women (63.5%). One hundred ninety-six samples were positive (67%), 130 from toe nails and 66 from finger nails. Simultaneous infections of both finger and toe nails were found in 22 cases. Associated onychomycosis and skin mycosis was found preferentially. The diagnostic management of patients with angina pectoris typically centres on the detection of obstructive epicardial CAD, which aligns with evidence-based treatment options that include medical therapy and myocardial revascularisation. This clinical paradigm fails to account for the considerable proportion (approximately one-third) of patients with angina in whom obstructive CAD is excluded. Keratomycosis, online information on keratomycosis, about, history, symptoms, types, treatment, keratomycosis causes, diagnosis, meaning, introduction, cornea, keratomycosis therapy and more. The aetiological agents accused for the infection are found in the air present indoors and outdoors. They are also found in soil, dust and decomposite material of plants. It is commonly found in men having outdoor occupations and in persons who use extended-wear contact lenses. Keratomycosis or mycotic keratitis is observed to be caused by almost 70 species of fungi. Group 1 - Moulds are the most common aetiological agents to cause Keratomycosis infection worldwide.