

Superficial Dermatomycoses Worldwide: Multinational Treatment Experience with a Combination of Isoconazole Nitrate and Diflucortolone Valerate

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Introduction

Superficial mycotic infections of the skin are common and ubiquitous, affecting millions of people across the globe, irrespective of skin type and age group.^{1,2}

The most common pathogens relevant to clinical practice can be subdivided into three groups: dermatophytes, yeasts and moulds.

The chief symptoms experienced by patients with dermatomycoses are itch, burning and redness. The presence of disease-related itching is an important factor in reducing skin-related quality of life and thus effective treatment is likely to benefit an individual's overall well-being.³

Overall, superficial dermatomycoses are more prevalent in men than in women; in particular, men appear to be more susceptible than women or children to tinea cruris^{1,2,4} and tinea pedis, the latter most commonly affecting men aged 20–40 years.²

The widespread and contagious nature of fungal infections requires an effective antifungal treatment that can reduce morbidity and discomfort, as well as limit the spread of the disease to other sites or individuals. Patient compliance with treatment is crucial for success but declines with increasing duration of therapy. Therefore, a rapid onset of action plays an important role in the treatment of mycoses.

Most superficial dermatomycoses affecting glabrous skin are amenable to topical antifungal therapy and physicians may select from a range of antimycotic agents. Ideally, a topical antimycotic should provide rapid relief from symptoms, good clinical and mycological cure rates, low relapse rates and convenience of use.

Imidazoles are frequently prescribed for tinea infections and for cutaneous candidiasis, as they have long-

established antifungal efficacy and a broad spectrum of antimicrobial activity. Furthermore, the use of an antimycotic agent, such as an imidazole, in combination with a topical corticosteroid has the advantage of promoting more rapid resolution of inflammation and relief from itch, as a result of the anti-inflammatory properties of the corticosteroid.

In this supplement, we present a review of the epidemiology of superficial dermatomycoses across the globe, followed by a brief overview of tinea infections and topical antifungal therapies. The rationale for, and components of the antimycotic combination product, Travocort® (Intendis, Berlin, Germany), are described and a review of clinical efficacy data is presented. This is followed by a selection of international case studies, relating clinicians' actual experiences with Travocort® in their own practice.

Conflict of interest

Dr Czaika has a consultancy agreement with Intendis GmbH.

References

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Accepted for publication 8 July 2008