



ORIGINAL ARTICLE

Onychomycosis in the elderly. A 2-year retrospective study of 138 cases



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KEYWORDS

Onychomycosis;
Elderly;
Quality of life;
Trichophyton rubrum;
Candida sp.

Abstract

Background: As life expectancy increases worldwide, so does the incidence of age-related pathologies, among them onychomycosis (OM). This fungal infection of the nails may represent a potential risk of complications among elderly due to the presence of concomitant diseases that can complicate their treatment.

Objective: To determine the frequency of onychomycosis among elderly patients over a period of 2 years at the General Hospital of Mexico "Dr Eduardo Liceaga".

Methods: Retrospective, observational, descriptive study.

Results: A total of 138 patients were diagnosed with onychomycosis. Of these, 43 (31.2%) reported no concomitant diseases. The most common comorbidities in the remaining patients was arterial hypertension in 50 patients (36.2%) and diabetes mellitus in 49 (35.5%); the most common clinical type of OM was total dystrophic (87 patients, 63%), with involvement of the hallux of both feet (48 patients, 34.8%). The average evolution was 12 years; 60 patients (42.3%) denied previous treatments, and 32 (22.5%) used OTC medicines. In 125 patients (90.6%), filaments, yeasts or arthroconidia were observed. On culture examination, *Candida* yeasts (24 patients, 46.2%), followed by *Trichophyton rubrum* (21 patients, 40.4%) were identified.

Conclusions: Approximately 9 out of 10 nail disorders in the elderly were onychomycosis; many of these patients may present with comorbidities such as hypertension or diabetes mellitus, which often complicate treatment outcomes, affecting quality of life. Elderly patients should receive adequate health education and monitoring. This will improve their quality of life.

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PALABRAS CLAVE

Onicomicosis;
 Adulto mayor;
 Calidad de vida;
Trichophyton rubrum;
Candida sp.

Onicomicosis en adultos mayores. Estudio retrospectivo de 138 casos en 2 años**Resumen**

Antecedentes: La perspectiva de aumento en el tiempo de vida del ser humano en la actualidad permite que diversas enfermedades aumenten su frecuencia, de éstas las alteraciones en la lámina ungueal, principalmente las onicomicosis pueden representar un riesgo en los adultos mayores debido a las patologías concomitantes que pueden complicar su tratamiento.

Objetivo: Presentar un panorama actual de onicomicosis en pacientes adultos mayores de los casos atendidos en un periodo de 2 años en el Hospital General de México "Dr. Eduardo Liceaga", durante la realización de las "Ferias de la salud".

Métodos: Estudio retrospectivo, observacional, descriptivo.

Resultados: Del total de pacientes adultos mayores revisados, en 138 se comprobó el diagnóstico de onicomicosis, de los cuales 43 (31.2%) no refirieron ninguna otra enfermedad y las principales comorbilidades presentes en los demás fueron hipertensión arterial 50 (36.2%) y diabetes mellitus 49 (35.5%), la variedad clínica más frecuente fue la onicomicosis distrófica total 87 (63%), con afección de la primera uña de ambos pies 48 (34.8%), el promedio de evolución fue de 12 años; respecto a los tratamientos utilizados la mayoría 60 (42.3%), negaba haber utilizado alguno, y en menor proporción se refería el uso de productos de venta libre 32 (22.5%). En los resultados de los estudios micológicos 125 (90.6%) se observaron filamentos, levaduras o artroconidios, los hongos identificados fueron levaduras de *Candida*. 24 (46.2%), seguidos de *Trichophyton rubrum* 21 (40.4%)

Conclusiones: Aproximadamente, 9/10 alteraciones ungueales en el adulto mayor son onicomicosis, muchos de éstos pueden presentar comorbilidades como hipertensión arterial o bien diabetes mellitus, lo cual dificulta el manejo terapéutico, el deterioro en la calidad de vida y el vivir más años suelen estar acompañados, es necesario educar a la población y una vigilancia médica más estricta, ello mejorará la calidad de vida de nuestra población en edades avanzadas.

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Background

The World Health Organization (WHO) classifies individuals in the 60–74 age range as elderly, in the 75–90 age range as old, and those aged over 90 as very old. All individuals over the age of 60 are considered elderly.¹

As life expectancy increases worldwide, so does the number of age-related pathologies, including skin disease. Of these, onychodystrophy is the third most common condition seen by doctors, and among these nail disorders, onychomycosis can be fairly common.^{2,3}

Onychomycosis is usually caused by dermatophytes, yeasts of the *Candida* genus, and some non-dermatophyte moulds. The clinical characteristics of this pathology include colour changes, peeling, thickening of the nail plate, and even onycholysis. However, changes may also be purely morphological in nature, and are not always associated with a fungal infection.^{4,5}

Elderly patients often present with nail abnormalities associated with factors such as ageing, life-style and habits, or with diseases such as diabetes mellitus, in which incidence of onychomycosis is estimated at 13%.³

In the absence of a reliable diagnosis of onychomycosis, changes in the appearance of the nail plate are often incorrectly treated, or prompt patients to self-medicate. This leads to therapeutic failure and can even result in serious

complications caused by interactions between drugs used to treat the nail condition and other concurrent medication taken by the patient for other diseases, for example the interaction between itraconazole or fluconazole and oral antidiabetic drugs.

Our aim in this study is to analyse cases of onychomycosis diagnosed in elderly individuals attending the *ferias de salud*, or outdoor health awareness-raising activities organised by the Dr. Eduardo Liceaga General Hospital of Mexico in 2013 and 2014. The cases discussed here will give an overview of the current status of this disease in the elderly population of Mexico.

Materials and methods

A total of 347 elderly patients were seen over a period of 2 years. During this time, 217 signs and symptoms of onychomycosis were detected, and details such as age, sex, concomitant diseases, clinical form of the nail disorder, evolution, and prior treatment were noted.

Patients verbally consented to doctors taking a scraping of affected nail plate for a KOH (10% potassium hydroxide) test. Samples were cultured using Sabouraud dextrose agar (SDA) alone or in combination with antibiotics (Micobiótico®) to isolate and identify the aetiological agents of the infection. Yeasts were identified by the specific production of

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