

## TINEA CAPITIS IN THE NABLUS AREA

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## ملخص

بلغت نسبة الاصابات الفطرية في فروة الرأس ( T.C. ) بين مرضى الجلد الذين شخضت حالتهم في العيادة الخارجية لمستشفى الاتحاد وفي عيادة جلدية في مدينة نابلس حوالي ٤٢ بالمئة . كان حوالي ٧٨٦ بالمئة من مرضى ( T.C. ) من المناطق الريفية ، وكان ٧٦٥ بالمئة من هؤلاء تحت سن العاشرة . وقد اظهر فحص لجرى على اطفال المدارس الابتدائية في قريتين ، ومخيم للاجئين وفي مدينة نابلس ان نسبة الاصابة ب ( T.C. ) قد بلغت ١٥ بالمئة بين اطفال القرى ، و ٣ بالمئة بين اطفال المخيم و ١٨ بالمئة بين الاطفال في مدينة نابلس .

## ABSTRACT

During 1972 - 1979 tinea capitis patients constituted 4.2% of all new dermatology patients clinically diagnosed at the outpatient skin clinic in Ittihad Hospital and at a private clinic in Nablus. About 78.6% of tinea capitis patients were from rural areas. 76.5% of them were under the age of 10 years. In a survey at primry schools in two villages, in a refugee camp and in the city of Nablus, the incidence of tinea capitis was found to be about 15% in the village schools, 3% in the camp and 1.8% in Nablus.

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## INTRODUCTION

Ringworm of the scalp (*tinea capitis*) is an infectious disease of children rather than adults<sup>2</sup>. The disease is still a public health problem in those parts of the world where the antibiotic griseofulvin is not readily available<sup>1 0</sup>. *Tinea capitis* seems to be uncommon in Israel, since only 21 cases out of 1000 cases of dermatophytosis seen in Tel-Aviv area were *tinea capitis*<sup>1</sup>.

This study was aimed at assessing the problem of *tinea capitis* in the West Bank and at raising interest for the control of the disease.

## PATIENTS AND METHODS

All cases of *tinea capitis* seen at the Outpatient Dermatology Clinic - Ittihad Hospital and Dr. Arda Dermatology Clinic in Nablus, during the period 1972 - 1979 were analysed. Patients mainly came from the northern districts of the West Bank.

Children at two primary schools in each of Nablus, Dair - Sharaf village and Balata Camp were screened for the presence of *tinea capitis* in 1978. Male children at a primary school in Arrabah village were examined in 1974, 1978 and 1979 and those found to have *tinea capitis* were treated with griseofulvin F.P. ( 10 mg/Kg. of body weight in divided doses for 6 weeks ).

Diagnosis of *tinea capitis* depended on the clinical picture of the disease and was confirmed by direct microscopy of hair specimens in *KOH*.

## RESULTS AND DISCUSSION

Table 1 shows the distribution of *tinea capitis* patients (1261) diagnosed at the outpatient clinics (1972 - 1979) according to sex and residence. The results show that 97.2% of the cases were present as scaly patches with partial loss of hair, 2.4% were of the inflammatory type kerion and only 0.4% were favus.

Table 1. Number, sex, and residence of tinea capitis patients

Year	No. of skin patients	T.C.	%	Sex		Residence		
				Males	Females	City	Village	Camp
1972	3322	92	2.8	44	48	25	65	2
1973	3189	115	3.6	71	44	13	95	7
1974	3877	135	3.8	77	58	21	106	8
1975	4211	171	4.0	83	88	22	140	9
1976	1960	81	4.1	42	39	16	58	7
1977	4371	185	4.2	87	98	32	140	13
1978	3943	209	5.3	76	133	30	173	6
1979	5018	273	5.4	114	159	42	214	17
<b>Total</b>	<b>29891</b>	<b>1261</b>	<b>4.2</b>	<b>595</b>	<b>667</b>	<b>201</b>	<b>991</b>	<b>69</b>

The results indicate that 4.2% of all dermatology patients were having tinea capitis. They also show a higher frequency of infected females. Such results seem to contradict with those previously reported<sup>2,7</sup> where males were more affected than females.

The age of tinea capitis patients varied from 7 months to 48 years. However the majority of patients (76.5%) were under the age of 10 years. This is in agreement with several other investigators<sup>7,8</sup>. Out of 18 patients over the age of 15 years there were 14 females. This is in accord with the results of Malhotra<sup>8</sup> and Grin<sup>6</sup>.

Table 2. Incidence of tinea capitis in primary schools in 1978

Place	Children examined		Patients		Mean age in years	%pts.
	No.	M/F	No.	M/F		
Dair Sharaf	74	40 / 34	11	7 / 4	7.1	15.0
Balata Camp	224	110 / 114	7	3 / 4	6.6	3.0
Nablus City	163	92 / 71	3	2 / 1	6.7	1.8

The results (Table 2) indicated that the incidence of the disease was higher at primary schools in rural areas than in urban areas or in refugee camps. This may be due to poor hygienic conditions, overcrowding and contact with animals in rural areas<sup>5,7,8</sup>.

The peak of age incidence in this study was 6 - 8 years in males and 3 - 5 years in females which is in agreement with that found by Curry & Daniels<sup>4</sup> in Manchester region.

Children who were found to have tinea capitis in the primary school at Arrabah Village (Table 3) were treated with griseofulvin F.P. (10 mg/Kg of body weight in divided doses for 6 weeks). It is note worthy to mention that the incidence of tinea capitis in the primary school at Arrabah village (Table 3) decreased from 15.3% in 1974 to 3.3% in 1979 as a result of the treatment.

The incidence of the disease in the West Bank seems to be much higher than that reported from Israel, where only 21 cases of tinea capitis were diagnosed in Tel - Aviv area among 1000 dermatophytosis patients seen in a period of 5 years<sup>1</sup>.

A more thorough investigation is needed to show the real status of all dermatophytoses, their etiological agents and sources of infection in the West Bank. Such a study has now been carried out by Shtayeh & Arda<sup>1</sup>.

Table 3. Incidence of tinea capitis at a primary school in Arrabah village

<i>Year</i>	<i>Children examined</i>	<i>Pts.</i>	<i>Mean age in years</i>	<i>% of pts.</i>
1974	320	49	9.2	15.3
1978	355	24	9.2	6.8
1979	456	15	9.0	3.3

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