GRISEOFULVIN IN THE TREATMENT OF DERMATOMYCOSES AND ONYCHOMYCOSES PRODUCED BY DERMATOPHYTES OF THE TRICHOPHYTON GROUP

by

KAREL KUBEC M.D.

II. Clinic of Dermatology and Venereology, Faculty of Medicine, Charles University, Prague.

Director: Prof. J. OBRTEL, M. D. Dr Sc.

(12.XII.1966)

The discovery of griseofulvin and its antimycotic action produced a revolutionary change in the treatment of mycotic diseases of the skin and its adnexa. Initial differences in dosage were eliminated on the basis of extended experience and the administration of 1 g daily was accepted by most authors as the therapeutic dose. Micro-crystalline griseofulvin derived subsequently was another essential contribution owing to its improved resorption in the gastrointestinal tract, higher blood level and the possibility of administration in half dosage.

In the years 1960–1965, 128 patients affected with mycotic diseases of skin and its adnexa, produced by dermatophytes of the Trichophyton group, were subjected to treatment at the II. dermatological clinic in Prague. Sixty seven subjects were given oral treatment with griseofulvin in the dose of 1 g daily and local treatment with 1% organic dye solutions, pure tar, and ointments containing salicylic acid and tar in 10% concentration. Sixty one patients received local treatment only. For the treatment, griseofulvin of different production was available: British Grisovin, West-German Likuden and its microcrystalline variant Likuden M, and Griseofulvin produced in the German Democratic Republic. The therapeutic effects of the individual griseofulvin preparations were analogous, the tolerance showed, however, to be best with Likuden M.

When comparing the therapeutic effect in patients given both griseofulvin and oral treatment with patients receiving merely local treatment, no essential differences were found in the clinical course
of certain mycoses. Based on this observation we distributed mycotic diseases produced by infection with *Trichophyton* group into two groups. Into group I, we classed infections for which we consider the treatment with griseofulvin and concurrent local therapy to be an absolute indication; into group II those affections in which we use griseofulvin therapy as relative indication, that is in common but extensive affections of the skin. First we shall discuss the group with absolute indication.

It contains a series of 51 patients with tinea unguium. In 46 cases of these, the culture showed *Trichophyton rubrum* and in 5 cases *Trichophyton mentagrophytes*. The patients were again divided into two groups: into group I, we classed 33 patients undergoing oral griseofulvin therapy, ablation of infected nails and subsequent local antimycotic therapy as mentioned in the introduction. In 22 of these patients, there grew healthy fingernails, while in 11 subjects the already healthy fingernails were reinfected. In group II comprising 18 patients, all were subjected to ablation of the infected nails and were subsequently given local antimycotics without oral administration of griseofulvin. In these patients the initial growth of healthy nails impaired already after a few weeks by gradual and constant invasion of mycotic infection.

Another mycosis which we class into this group is tinea granulomatosa nodularis (Granuloma Majocchi). We treated three patients among whom *Trichophyton rubrum* was demonstrated by culture in all cases. Mere local therapy was unsuccessful, a persisting reversal occurred. After the administration of griseofulvin a persistent cure followed within 4 weeks.

The last mycotic disease which we class into this group is tinea capitis. We treated only one case of infection produced by *Trichophyton violaceum*. Previous ambulant treatment of several months' duration remained unsuccessful, three-months administration of griseofulvin resulted in permanent cure. We class tinea capitis into this group on the basis of observations by Kachnić and co-workers, who published an extensive paper on these mycoses.

Group II, for which we consider griseofulvin therapy to be a relative indication i.e. cases with a more extensive skin affection, includes 35 patients with tinea manus et pedis: in 9 of these, the culture showed *Trichophyton mentagrophytes* and in two *Trichophyton rubrum*. In 24 cases the culture was negative with positive finding dermatophytes in the microscopic preparation. Eight patients of the total number were given both griseofulvin and local antimycotic treatment, 27 patients were given local therapy. The comparison of the two groups showed that the subsiding of clinical manifestations of the disease in patients treated with griseofulvin was not more rapid. The same effect was achieved with mere local therapy if given regularly and consistently. In this disease we therefore use griseofulvin mainly in cases with major extent of skin affection.

Another mycosis which we class into this group is tinea cruris.