EPIDEMIOLOGICAL ASPECTS OF DEEP MYCOSES IN VENEZUELA 1)

by

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Venezuela is located in the tropical zone of the occidental hemisphere inside the first 12° of North latitude. Its territory which is close to one million square kilometers, is formed by a spacious central plain which at the North is surrounded by massive mountains and at the West and Southeast by an extensive oceanic coast. Its weather is influenced by the height and other telluric factors and consequently, is variable: hot, cold, cool, wet, and dry. There are also all variations among regions; they can be of poor vegetation, of scarce rainfall, fruitful, dry, and wet. Such variety of conditions is good for the development of fungi and this is proved by the existence of all deep human mycoses and almost all the superficial ones.

With few exceptions all known cases come from central and occidental regions of the northern part of the country, due to the big population and facilities of diagnosis found in those regions. The existence of some of these infections in the southeast part will be shown when they are adequately investigated. The preliminary studies of a work program directed by BALDÓ (1) whose realization has been recently initiated by the Division of Tuberculosis of the Sanitary and Social Assistance in the Oriental zone of the country, suggest the presence of Histoplasma capsulatum and other agents of deep mycoses.

The frequent occurrence of some of these infections in the Venezuelan population and the medical and social importance they have for themselves and for the confusion with other nosological entities led us to propose in the Sixth Venezuelan Congress of Medical Sciences held in Caracas in 1955 (2), the creation of a mycological center to study these problems and to give them the solution. BALDÓ considered better and easier the realization of a Commission of Coordination for the national study of the mycoses; its efforts

1) Read in the meeting of the International Society of Human and Animal Mycology during the VI. International Congress of Tropical Medicine and Malaria, LISBON, September 5--12, 1958.

The black section indicates the Endemic zone of Coccidioidomycosis in Venezuela became reality and today it is to the service of our collectivity. Its development and projects are summarized in a recent publication of this author. (3). Following we will discuss some epidemiological aspects of the studies done in Venezuela on that subject:

**Coccidioidomycosis**

There are few cases of this disease known among us, not more than 10, but they have exhibited diverse localizations such as: cutaneous, subcutaneous, pulmonary, and osseous. Except two patients, one from Falcón and other from an unknown place, all have been found to be from Lara State; they were between the ages of 11 months and 60 years and from rural and urban areas. The strains isolated from these cases were the same as those of *Coccidioides immitis* RIXFORD and GILCHRIST, 1896.

The first endemic zone of the infection was studied by us (4); it comprised the central and northeast region of Lara State and it was more prevalent in the hot, dry areas and also in those whose vegetation was in first place, xerophyte.