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TRICHOPHYTOSIS CAPITIS

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Synonyms: Tinea tonsurans, seu tondens, seu trichophytina capitis; Trichonosis furfuracea;
Herpes tonsurans, seu circinatus, seu
squamosus; Porrigo furfurans; Ringworm of the scalp.

Trichophytosis capitis is a disease of children. It practically never occurs in adults, and an untreated case will disappear spontaneously when the patient arrives at about fifteen years of age. It starts on the scalp as one or more circumscribed, roundish, a little scaly and maybe slightly elevated spots, in which the hairs become lusterless, twisted, bent, and very fragile, so that they soon break off close to or level with the skin, leaving a stubble of frayed stumps or a stipple of black dots at the mouths of the follicles. The long hairs at the edge of a patch can be extracted from their follicles or broken off with very little traction. The follicle mouths are often conically elevated, producing a gooseflesh appearance of the skin in the bald spots. The patches spread slowly and may coalesce, but without disclosing any tendency to clear in the center, and the hyperemia which is usually manifest in trichophytosis corporis is here not at all in evidence, or at most only in a narrow zone at the periphery of the affected area. When the disease has extended over a large part of the scalp, which may not be for many weeks or several months, a partial recovery often ensues, tufts of new hair grow out irregularly and the condition becomes more or less diffuse or disseminated, and its outlines ill defined. Comparatively rarely the disease develops signs of in-

flammation, but in the form known as kerion the patches become elevated, reddened, boggy and pustular and exude a glutinous purulent material which may dry to thick adherent crusts. The condition corresponds with that met in trichophytosis barbae. DIAGNOSIS: A bald spot on a child's head is usually ringworm. Favus can be distinguished by the irregularity of its patches, the yellow cup-shaped crusts or mortar-like masses of fungus, and the atrophic, cicatricial, hairless areas it leaves. In alopecia areata the hairs fall out of an irregular patch en masse and leave the scalp perfectly smooth and white. The diffuse form of ringworm may resemble eczema or seborrhoea, but in these conditions the history of the development, the itching, and the hairs which are not deformed and broken but often pasted to the scalp beneath thick scales, will serve usually to distinguish them from trichophytosis. In all cases of doubt the hairs and scales should be soaked in liquor potassii hydroxidi and examined under the microscope, when the presence or absence of the ringworm spores and mycelium will make clear the diagnosis. TREAT-MENT: An ointment containing one drachm of iodin crystals in one ounce of goose grease, should be scrubbed into the patches daily with a soft tooth brush. If much irritation results the treatment may be suspended for a day or two. It should be persisted in even after all the stumps have disappeared and the scaling has ceased. The scalp should be washed frequently to prevent infection of new areas, and the headwear disinfected from time to time.