Treatment of mycoses in skin folds

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Introduction and Aim

Mycoses are infections that affect the skin and mucosa, and are provoked by particular fungi that proliferate in a warm, damp environment. They appear with symptoms such as redness of the skin, itching, burning, dryness and flaking, or maceration and exudation. Mycoses often affect the folds of the skin, where there is poorer ventilation, such as with sub-mammary, inguinal or abdominal skin folds. The aim of this report is to demonstrate the effectiveness of a hydrophobic wound dressing* that does not contain any active antimicrobial agents should be demonstrated on different parts of the body.

Methods

For the treatment of fungal infections, a hydrophobic dressing* was used on different kind of skin folds for several days. Infected areas were covered with the hydrophobic wound dressing and changed on a regular daily basis. No additional anti fungal medication was used.

Results

The presented case reports show a reduction in signs of infection, and a healing of the affected skin folds, after a few days treatment with the hydrophobic wound dressing. Therefore, fungal infections in inguinal or abdominal skin folds could be treated successfully without using any antimicrobial agents, creams or ointments.

Conclusion

Mycoses in skin folds are often distracting for patients as they appear with various symptoms. The hydrophobic wound dressing* binds and removes the fungi from the wounds, effectively leading to reduced symptoms and healing of the skin. This makes the dressing a convenient treatment for fungal infections in skin folds.

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*Cutimed® Sorbact®

Case Report 1:

Intertrigo in abdominal skin fold. Patient was in hospital due to hip surgery. She was presented to a wound care specialist because of an intense dermatomycosis in the abdominal skin fold. Infection was accompanied with redness and open exuding wound areas (A). After three days of therapy with the hydrophobic dressing*, a reduction of exudate and inflammatory signs was visible (B) and after an additional three days, almost all open wound were healed (C). Dressings were changed on a regular daily basis. Comorbidities: Diabetes mellitus Type II, 17 years therapy with acetylsalicylic acid after stroke and leg thrombosis.

Case Report 2:

Intertrigo in inguinal skin fold. Patient showed up in hospital due to an infected hematoma after incision in September 2011, complicated by dermatomycosis in both inguinal skin folds of the intimate area. Mycosis were treated with the hydrophobic dressing*, with daily dressing change. Pictures show the infected left inguinal fold before treatment with the hydrophobic dressing* began (A), after one day (B) and after four days (C). Redness and signs of infection of the inguinal area are almost gone, and the skin healed within this time period (C).

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