adoptive children and tinea capitis: systematic analysis of antibiotic use in acute introduction.

Background/aims Dermatophytes are keratinophilic fungi responsible for skin, nail and scalp infections. Over the past few years, a rising incidence of dermatophytoses has been reported, particularly due to infected migrants coming from developing countries. In this study, we studied dermatophytes’ prevalence in a cohort of international adopted children.

Methods This retrospective study has been carried out in the Parasitology – Mycology clinic of La Croix Rousse University Hospital in Lyon, France from 1998 to 2012. Biological samples of scalp or hair have been analysed according to standard mycological procedures.

Results In total 101 children coming from Africa, and the Caribbean were sampled. 44 children had dermatophytosis (44/101, 43.6%) eg Trichophyton soudanense, Trichophyton violaceum, Trichophyton tonsurans, Trichophyton rubrum and Microsporum audouini. The clinical presentation of these patients was variable, including squamous scalp lesions without alopecia (n = 20), scalp alopecia-causing lesions (n = 6), squamous lesions scalp associated with tinea corporis (n = 5), tinea corporis (n = 4) and crusty scalp lesions (n = 1). In seven cases we reported completely asymptomatic patients (15.9%, 7/44). Systematic examination of their families led to the discovery of nine cases (20.5%, 9/44) of family contamination. The therapeutic success rate was close to 80% following first line of treatment.

Conclusion We demonstrated that dermatophytoses often have a silent clinical presentation and, in approximately 20% of cases, cause family contamination. This study highlights the importance of the clinical examination of children and families, as well as systematic sampling of children, to avoid dermatophyte transmission to other family members.

Methods Prospective study comprising all children S. pneumoniae in a sterile fluid sample. The vaccination coverage was estimated by a control sample paired by age, sex and risk of IPD.

Results We included 319 patients during 2007–2009 and 81 patients in postvaccine period. A decrease in IPD was observed (106 episodes/year in prevaccine versus 40 episodes/year in post-vaccine period) mainly due to decline of serotype 19A (decrease of 78%) and serotype 1 (decrease of 71%). Serotype 3 decrease was also observed (39%).

PCV13 serotypes remained stable (70% vs 76.6%). The most frequent serotypes during prevaccine period were: 1(21%), 19A (16%) and 3(12%) and during postvaccine period: 3 (26.5%), 1 (20%), and 19A(12.5%). There were no serotypes replacement.

Pneumonia was the main clinical presentation in both periods.

PCV13 coverage during postvaccine period was 48%.

31/81 patients were vaccinated with PCV13. 7 cases were considered complete vaccine failure (5 due to serotype 3).

Conclusions An important global decrease in IPD was observed, mostly in those cases produced by serotypes 19A and 1. Pneumonia was the main clinical presentation. There was no serotypes replacement. Some cases of vaccine failure were observed.

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