

DERMATOPHYTES: THE NEW FACE OF OLD FOES

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Dermatophytosis, traditionally regarded as a superficial fungal infection caused by derma-tophytes such as Trichophyton, Microsporum, and Epidermophyton, has undergone a remarkable epidemiological and clinical transformation in recent years. Once easily treatable, it has now emerged as a therapeutic challenge, particularly in tropical countries like Bangladesh. The aim of review is to highlight the changing clinical patterns, epidemiology, antifungal resistance, and management challenges associated with dermatophytosis. A narrative review of recent literature, combined with clinical observations, focusing on emerging trends in dermatophyte infections, including atypical presentations, chronicity, and treatment resistance. Recent years have witnessed a surge in chronic, recurrent, and steroid-modified dermatophytosis. Infections are now more extensive, involving multiple body sites such as tinea corporis, cruris, and faciei, often with ill-defined margins and atypical morphology. The widespread misuse of topical corticosteroid combinations has contributed significantly to altered clinical presentations (tinea incognito) and increased fungal load. Additionally, the emergence of antifungal resistance, particularly to terbinafine, has been linked to genetic mutations in dermatophytes, especially Trichophyton mentagrophytes complex. Environmental factors, overcrowding, poor hygiene, and climate change further exacerbate transmission. Dermatophytosis has evolved into a complex public health issue requiring a paradigm shift in management. Rational antifungal use, strict regulation of over-the-counter steroid combinations, patient education, and updated treatment guidelines are essential to combat this growing menace. Continuous surveillance and research into antifungal resistance are crucial to guide future therapeutic strategies.

Keywords: Dermatophytosis, Antifungal resistance, Steroid misuse, Tinea incognita

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