

## USE OF DERMATOSCOPIC METHOD FOR DIFFERENTIAL DIAGNOSIS OF FUNGAL DISEASES AND ALOPECIA IN ADOLESCENTS

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***Annotation:** This article attempts to reveal the main reasons for the diagnostic effectiveness of the dermatoscopic method for the differential diagnosis of mycosis of the scalp and alopecia areata in children.*

*To carry out scientific work, the author conducted a survey of 78 children who complained of foci of hair loss on the scalp. Age of children from 8 months to 18 years*

***Key words:** alopecia, mycosis, children.*

**Introduction:** Mycoses are infectious diseases caused by parasitic fungi. Pathogenic fungi are widely distributed in the environment (they are present on plants, clothes, household items, in soil). The direct route of infection transmission occurs through contact with a sick person, indirect - through contact with various things and objects used by patients. In rare cases, a street or domestic animal, most often a cat, can become a source of infection. In common parlance, such a disease is called "deprive". Fungal spores can get on our skin and subcutaneous tissue in various ways - through the mucous membrane of the eyes or mouth, upper respiratory tract, through various microtraumas, wounds, cracks, diaper rash, sores. According to expert estimates, 15-30% of the world's population suffer from fungal diseases. One of the factors provoking the development of mycosis is immunodeficiency - a decrease in the body's defenses. Mycoses can affect various parts of the skin (feet, legs, hands, arms, head, torso) and its appendages (hair, nails),

external genitalia, mucous membranes, lungs, esophagus. The duration of the incubation period depends on the type of pathogen, its virulence and localization of the process. The disease can acquire a chronic course with periods of exacerbation. Local fungal infections typically affect the skin and its appendages, the oral cavity causing stomatitis, and/or the vagina causing candidiasis vaginitis. Systemic fungal infections can affect the skin and internal organs.

**Aim:** to evaluate the diagnostic efficiency of the dermatoscopic method for the differential diagnosis of mycosis of the scalp and alopecia areata in children.

**Materials and methods:** 78 children were examined who complained of foci of hair loss on the scalp. Age of children from 8 months to 18 years. Microsporia of the scalp was diagnosed in 28 patients (15 boys and 13 girls), trichophytosis of the scalp - in 25 children (20 boys and 5 girls), alopecia areata - in 25 patients (13 girls, 12 boys). Fig.1. The diagnosis of mycosis of the scalp and alopecia areata was established on the basis of the clinical picture, fluorescent diagnostic data, laboratory methods (KOH-test of skin scales and hair), and the cultural method. A dermatoscopic examination of a hair lesion on the scalp was performed using a Heine Delta 20 dermatoscope.

**Results:** in 49 (93%) children with mycosis, one or more of the following dermoscopic patterns were observed: "comma-shaped hair" was found in 30 (57%) children, "zigzag hair" in 31 (59%) children ( $p < 0.05$ ). In addition, hair lesions in microsporia were characterized by horizontal white stripes in the structure of the hair shaft, identified in 17 children (60.7%), with trichophytosis - "corkscrew-shaped hair", identified in 8 (32%) children ( $p < 0.05$ ). In 24 (96%) children with alopecia areata, one or more of the following dermoscopic patterns "yellow dots" were observed: in 22 children (88%), "black dots (cadaverized hair)" in 9 (36%), "exclamation point hair" sign" - in 12 (48%), "miniaturized hair, devoid of pigment (vellus)" - in 19 (76%). In children with mycosis, there were no signs characteristic of alopecia areata ( $p < 0.05$ ). Figure 2.

**Conclusions:** dermatoscopic patterns characteristic of mycosis of the scalp and alopecia areata in children have been established, which makes it possible to use dermatoscopic examination as a tool for non-invasive express diagnostics in the practice of a dermatovenereologist.

**Figure -1 Distribution of patients due to the occurrence of hair loss**

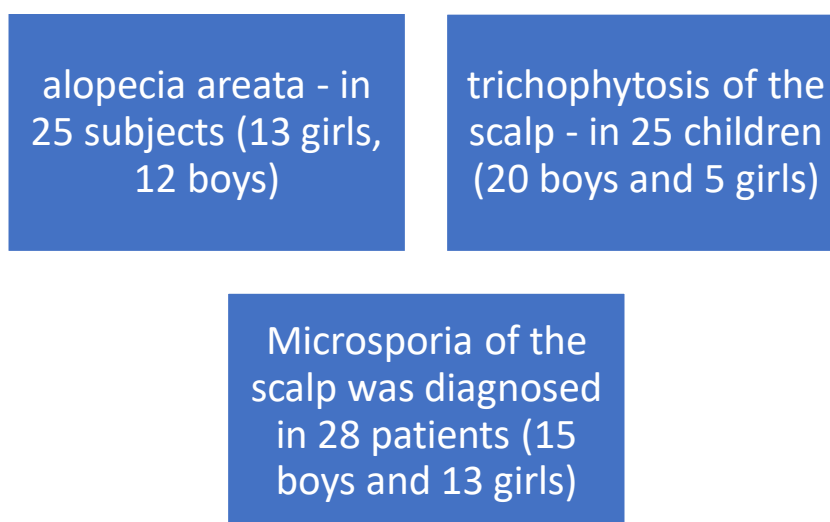
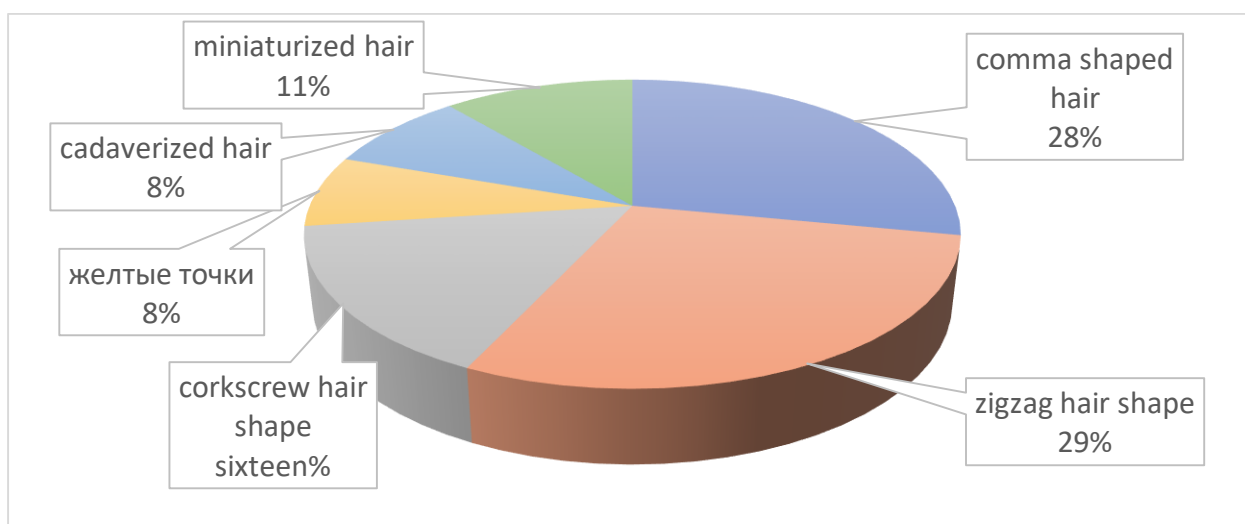


Figure -1 Distribution of patients according to the type of pathological hair in this pathology.



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