

# Improper Use of Topical Corticosteroids in Tinea Infections in a Tertiary Care Hospital

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Dear Editor,

I am writing in response to the recent study by Sushil Paudel and colleagues, shedding light on the improper use of topical corticosteroids in the treatment of tinea infections.<sup>1</sup> While the study contributes valuable insights, I would like to share additional perspectives based on my clinical experience in Taiwan.

In our clinics, the practicality of utilizing microscopy, specifically KOH examination, for tinea diagnosis is often hindered by the high patient volume and tight schedules. Additionally, not every physician has received training in employing KOH or dermatoscopy. Consequently, clinical diagnosis takes precedence, underscoring the crucial role of diagnostic expertise.

One distinctive phenomenon observed in our clinics involves the application of combination therapy, utilizing griseofulvin or terbinafine for 4-8 weeks, alongside a triple therapy cream transitioning to a pure antifungal cream. This approach addresses the challenge of treating extensive tinea infections promptly, aligning with societal expectations for rapid and noticeable improvements while alleviating severe itching. However, it is imperative to avoid prolonged corticosteroid use. An effective strategy includes initiating oral antifungals concurrently with a triple therapy cream, facilitating a smooth transition to a pure antifungal cream as lesions assume a brownish hue without redness.

Furthermore, my clinical experience emphasizes the complexity of distinguishing between ambiguous presentations of eczema and tinea. In challenging-to-diagnose cases, particularly subacute presentations like subacute nummular eczema or tinea, clinicians often opt for initial eczema treatment to preempt potential patient frustration in case of misdiagnosis with systemic antifungal medications. Conversely, misdiagnosing a fungal infection and treating it with corticosteroids

may yield short-term resolution but can lead to a more pronounced presentation of tinea incognito.<sup>2</sup>

When faced with ambiguous presentations, exercising restraint in rendering a judgement until typical morphological features manifest is crucial. Patients exhibit reduced tolerance for repeated misdiagnoses, underscoring the paramount importance of accurate diagnostic decisions. This challenge is particularly pronounced in my clinics, where patients may seek opinions from different physicians at different times, potentially resulting in rapid changes in diagnosis and treatment plans.

In conclusion, while the study's findings shed light on the global issue of inappropriate corticosteroid use, it is crucial to acknowledge and address regional variations and challenges. The treatment strategies discussed have demonstrated efficacy in managing tinea infections within Taiwanese clinics. As we collectively confront these challenges, collaborative efforts and the exchange of diverse clinical experiences will undoubtedly contribute to refining global guidelines for the management of tinea infections.

**Keywords:** Clinical experience; tinea Infections; topical corticosteroids.

## REFERENCES

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