

not enlarge hair follicles, so she doesn't use that agent in these patients, either.

Dr. Price has been a consultant for Pfizer Inc., which markets minoxidil and spironolactone, and has received research funds from Pfizer and from Merck & Co., which markets finasteride.

Minoxidil may cause unwanted facial hair in 5% of patients within 4 weeks of starting therapy, but such hair goes away quickly if treatment is stopped.

Cosmetic options—such as using creative hair styling or hair extensions—also can help the patient and family members cope with adolescent alopecia. ■



COURTESY DR. VERA H. PRICE

Part the hair, place the card next to the scalp, and look at the follicles next to the card to help make a diagnosis. The card test can be especially helpful for spotting miniaturized hairs in adolescents.

Tinea Capitis Outbreaks Reported

BY BRUCE JANCIN

MAUI, HAWAII — The largest known U.S. outbreak of tinea capitis due to *Trichophyton soudanense* and *T. violaceum* in several decades raises the possibility that the epidemiology of this common fungal disease may once again be on the move.

The cluster of cases is occurring in Baltimore, largely in zip codes that have seen an influx of immigrants from African countries where *T. violaceum* and *T. soudanense* are common causes of tinea capitis, Dr. Bernard A. Cohen said at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

During 2000-2002, these two organisms accounted for just 0.13% of all dermatophytes isolated by the Johns Hopkins Hospital mycology laboratory. However, the case count rose such that *T. soudanense* and *T. violaceum* accounted for nearly 4% of dermatophytes isolated by the lab during the first half of 2006.

T. soudanense was second, albeit a distant second, only to *T. tonsurans* among dermatophytes isolated from the hair and scalp, according to Dr. Cohen, director of pediatric dermatology at the Johns Hopkins Children's Center, Baltimore.

"This persists in our community today. It just shows that these organisms can travel anywhere around the world. This may be a public health issue, not just in our community but in your community as well," he said.

In gratifying contrast to the substantial and increasing treatment failure rate reported in U.S. patients with tinea capitis caused by *T. tonsurans*, all of the Baltimore children with tinea capitis due to *T. soudanense* or *T. violaceum* for whom follow-up information was available were cured with 6-8 weeks of griseofulvin treatment at doses of 10-20 mg/kg per day.

Information from the country of origin was available for 16 patients. Fourteen were from countries in East or West Africa. Eleven had been in the United States for 2 years or less.

Dr. Cohen noted that the epidemiology of tinea capitis in the United States has undergone major shifts in the last century.

In the late 1800s, and first half of the 20th century, the predominant species causing the infection was *Microsporum audouinii*. *T. tonsurans* crossed the border from Mexico to Texas in the 1920s, and by the 1970s had taken over as the No. 1 cause of tinea capitis. Today in Baltimore, *T. tonsurans* is the cause of roughly 98% of cases of tinea capitis in African American school-age children.

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