Figure 2. Phylogenetic tree based on TEF 1-α sequences Neighbor-Joining method. The percentage of replicate trees in which the associated taxa clustered together in the bootstrap test (1000 replicates). The evolutionary distances were computed using the Kimura 2-parameter method. All positions containing gaps and missing data were eliminated. Evolutionary analyses were conducted in MEGA X.

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Epidemiology of dermatophytes-related infections in Kuwait: a retrospective study
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Introduction and Objective: Dermatophytes are a common cause of cutaneous infections that affect a large number of healthy individuals throughout their lives. Although such infections are clinically benign, they have a negative impact on patient's physical and psychological health. We aim to explore the epidemiology of dermatophytes infections at a national level.

Methods: The study was conducted retrospectively. Demographic and microscopic data were obtained from laboratory information systems in the Mycology Reference Laboratory in the year 2021. Dermatophytes were either isolated from clinical samples in mycology reference laboratory or sent from other laboratories for species identification. The clinical samples were divided into two parts. The first half was examined microscopically, and the second half was inoculated on Sabouraud agar media with and without cycloheximide and then incubated at 30°C for at least 2 weeks. Dermatophytes were identified by colonial morphology and microscopic characteristics.

Results: During the year 2021, 60 dermatophytes were found. The male to female ratio was 2:1. A total of 60% of patients were children. Half of the cases were isolated from foot specimens and the second half were from the skin. Only one dermatophyte was isolated from nail cultures. Regarding dermatophyte distribution, Microsporum species were the commonest and involved mostly M. canis (26). Other less common species included Trichophyton (10) and T. mentagrophytes (4). A total of seven other Microsporum species were not identified to species level. On the other hand, 21 Trichophyton species were found including T. tonsurans, T. interdigitale, T. rubrum, T. mentagrophytes, and T. erinacei. A total of 9 other Trichophyton species were not identified to species level.

Conclusions: Higher rates of infection were seen in males compared to females. Phenotypic identification has failed in identifying a significant number of isolates. As in other types of molds, the phenotypic examination may also result in inaccurate identification, especially among uncommon and evolving species. Hence, molecular testing is essential for accurate identification and better understanding of the epidemiology of dermatophytes-related infections. The following species were reported for the first time in Kuwait: namely T. erinacei, T. mentagrophytes, and M. canis.

P098
Human protothecosis: A case report in Northeastern Brazil
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Introduction: Protothecosis is an emergent disease caused by members of the genus Prototheca. Most such infections probably occur by traumatic inoculation into subcutaneous tissues.

Objective: It is to report a case of human cutaneous protothecosis identified in the state of Maranhão, northeast Brazil.

Case report: 75-year-old patient, Mitchone, from the municipality of São Luis Island, Northeastern Brazil. She sought care referring to an erythematous and painful lesion on the left arm that started 6 months before the treatment. On examination, he presented an infiltrative, hyperemic lesion with burning pain throughout the upper limb (Fig. 1). The patient reported that a week before the onset of the condition, she suffered trauma on the arm, with a laceration in the skin, while cleaning a sewage system with clay pipes. During the healing process, she noticed a hyperemic, slightly pruritic lesion measuring 2 cm which did not improve. She sought medical assistance at the dermatological service, who suspected dermatomyositis, initiating treatment with corticosteroids (20 mg, once a day), evolving with worsening of the lesion. A lesion biopsy was indicated, to histopathological examination, which showed circular, monolins structure, diagnosed as protothecosis (Fig. 2). Treatment with imiquimod (100 mg/day) was started with no therapeutic response and the lesion spread throughout the patient’s left upper limb. Submitted