Great hits in Mycology

Things are going well with medical mycology in Europe. We witnessed a balanced, dynamic and very well organized TIMM3 in Torino, Italy. Our specialty has arrived where it belongs, in the center of infectious diseases and alongside with the other specialties of clinical microbiology. It is the close cooperation with our clinical colleagues at the EORTC-IGD that brings this diversity and collaboration in Europe. Trends in Medical Mycology has become the international meeting ground for all professionals working with and against fungi and fungal infections. While many people still think that “The best things in life are free” it requires hard work, meticulous preparation and planning to run a successful meeting like this. I would like to thank the executive committee consisting of Claudio Viscoli, Marianna Viviani, Thierry Calandra and Maiken Cavling Arendrup, with help of the enthusiastic local Italian colleagues and support of the PCO Congress Care, for their efforts.

Now it is time to look ahead. Our goal should be to outperform the next time.

Without doubt the upcoming TIMM4 executive committee, George Petrikkos, Emmanuel Roilides, Maiken Cavling Arendrup and Johan Maertens is eager to start making the first arrangements for 2009 in Athens, Greece. Although our biannual conference is the flaghip of ECMM, the Confederation is doing several other things which are of equal importance. Still there is an increasing demand for well trained and well informed doctors regarding opportunistic fungal infections in Europe. Therefore educational meetings are organized every other year in

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to be controlled versus those women likely to be cured, is not possible at present. Both categories of women have identicalazole susceptible organisms and whether the prognosis is a function of host versus microorganism factors remains unclear. One ideally would like to achieve a patient population that is not only free of attacks off therapy, but remains either culture negative or if becoming culture positive, at least attack free in the presence of Candida colonization (which probably reflects the most physiologic state). New research is being directed at identifying both yeast as well as host characteristics responsible for vaginal yeast persistence.

In the meantime, control of recent Candida vaginitis caused by non-albicans Candida species is more problematic with regard to C. glabrata. All the other non-albicans Candida species with the exception of C. krusei, which is rare, can be controlled with maintenance fluconazole, enjoying an excellent prognosis on cessation of therapy. C. glabrata, however, is problematic in being less amenable to a simple and responsive treatment and regimens that are most effective include those containing boric acid or fluconazole. Long-term maintenance programs are less available. Moreover, the major problem confronting the patients with C. glabrata vaginitis is identifying those women in whom C. glabrata is actually causing the symptoms as opposed to asymptomatic women with C. glabrata but being of low virulence. The yeast is simply an innocent bystander.

Idiopathic recurrent Candida vaginitis has not benefited from the new generation of available echinocandins which are not available topically or orally, as well as from the availability of voriconazole and posaconazole. We are in need of more active broad spectrum azoles which can be taken orally and preferably as only a single daily dose, thus offering advantages of a long half life. Nevertheless, significant progress in patient management has been accomplished.

Jack D. Sobel

Dermatophyte fungi almost never cause serious damage to human health or threaten life of the patient. Neither the less, dermatophyte infections still affect millions, and the members of Trichophyton, Microsporum and Epidermophyton genera cause the most ubiquitous and the only truly contagious fungal infections known today.

Extensive industry support for research on invasive fungal infections in recent years has no parallel in the field of superficial mycoses. Recognizing this, ECMM and TIMM organizing committee members have agreed to hold a special workshop to review the current status and state of the problem. The workshop was chaired by R. C. Summerbell and A. Y. Sergeev.

Richard Summerbell (now working in University of Toronto, Canada) opened the workshop with a review lecture on taxonomy, biology and virulence of dermatophytes in our current understanding. Prof. Summerbell discussed the impact of molecular studies on the changing concepts of dermatophyte species with relevance to pathogenesis and diagnosis of tinea infections.

Nadine Lateur (CHU Saint Pierre, Bruxelles, Belgium) gave a talk about tinea capitis in modern Europe. Dr. Lateur has outlined the importance of pan-European studies in this field, giving credit for ECMM epidemiological survey of tinea capitis in Europe, convened in 1997-1998 by R. J. Hay. The study gathered data from 92 laboratories and compared figures from 1987 and 1997. Growing numbers of cases were observed, probably representing the infections in immigrant communities. One of the major features of tinea capitis in Europe is diversity in predominant causative agents—zoophilic M. canis in Eastern and Central Europe, and anthropophilic Trichophyton in the West. Recent observations of Dr. Lateur on M. langeroni import-}

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**Updates on uncommon and emerging fungal pathogens**

Invasive fungal infections in the immunocomprised population continue to be an important cause of mortality and morbidity. Several recent reports have revealed that there may be a shift in the species distribution of fungi causing these infections, in particular the non-fumigatus aspergillus, Zygomycetes and others helmintosporium spp.

Montarop Sudhadham (PhD student at Centraalbureau voor Schimmelcultures, Utrecht, The Netherlands) presented research data on ecological and routes of transmission of the black yeast Exophiala der-

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**Special report**

**3rd Trends in Medical Mycology**

Dermatophyte infections in Europe

**Special report**