



Authoritative facts about the skin from the [New Zealand Dermatological Society Incorporated](#).

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Mould infections

Mould infections can occasionally infect the skin and nails and cause indolent infections in healthy or immune compromised individuals, especially the elderly. Mould infections originate from soil.

The responsible organisms include:

- *Scopulariopsis brevicaulis*
- *Fusarium* spp.
- *Aspergillus* spp.
- *Alternaria* spp.
- *Acremonium* spp.
- *Scytalidium dimidiatum* (*Hendersonula toruloides*)
- *Scytalidium hyalinum*

Mould infections



Aspergillus



Aspergillus



Fusarium

Clinical features

Mould infections can complicate [athlete's foot](#) and appear identical to [tinea pedis](#). They can be mild or severe. *Scopulariopsis brevicaulis* and *Scytalidium dimidiatum* are the most likely moulds to present as skin infection.

Mould infections of the finger and toenails can be indistinguishable from other types of [onychomycosis](#). However, unlike [dermatophyte](#) infections, moulds frequently result in [paronychia](#) (inflamed nail folds). One or more toenails may be infected, or the mould may simply be a contaminant. The surrounding skin is often dry and may itch. The appearance of the nail may include:

- Brownish dull discolouration of the nail, which starts at one edge
- Streaked and pitted nail plate
- Complete nail destruction.

Diagnosis

Mould infections are diagnosed by microscopy and culture of skin scrapings and/or nail clippings ([mycology tests](#)). Culture of moulds is identical to that of dermatophyte fungi except that the antiseptic actidione

(cycloheximide) should be left out of the medium.

The infection may be indistinguishable from [tinea unguium](#) before mycology has been performed. Sometimes the nails are co- infected by a [dermatophyte](#) fungus. If this is so, the laboratory may initially consider the mould a contaminant and fail to report its presence.

Potassium hydroxide examination



Hendersonula

Treatment

Mould nail infections are notoriously difficult to clear with currently available medications, which may be required for longer courses or in combination with other topical and oral antifungal agents.

Cures have been most frequently reported with a combination of:

- Removal of the infected nail, surgically or with chemicals
- [Topical antifungal](#) nail lacquer or solution
- Oral [itraconazole](#) &/or [terbinafine](#)

Related information

On DermNet NZ:

- [Introduction to fungal infections](#)
- [Treatment of fungal infections](#)

Books:

See the [DermNet NZ bookstore](#)

DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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