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Autores	Bersano, J. M. Q. B.; Cordeiro, M. G.; Marson, F. A. L.
Autor (es) USF	Bersano, J. M. Q. B.; Cordeiro, M. G.; Marson, F. A. L.
Autores Internacionais	
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Resumo	Background: The high incidence of onychomycosis in patients on hemodialysis is associated, mainly, with immunologic deficits and histological changes caused by uremia. Methods: Adult patients were included. The following characteristics were evaluated: age, sex, body mass index, comorbidity, and household location. All patients were evaluated and those with suspected onychomycosis had subungual debris of the affected nail plate collected for the direct mycological examination and fungal culture. Results: The study included 151 patients, and 70 out of the 151 patients (46.4%) showed nail alteration, and among them, 31 out of the 70 patients (44.3%) had the onychomycosis diagnosis confirmed by direct mycological examination. The pathogens observed in the patients were Trichophyton rubrum [8/31], Trichophyton mentagrophytes [7/31], Scytalidium spp. [6/31], Candida spp. [2/31], Rhodotorula spp. [1/31], Candida albicans [1/31], Penicillium marneffei [1/31], and T. rubrum and Rhodotorula spp. [1/31]. The nail involvement severity score for the majority of them was severe [23/27], and only 1/27 and 3/27 patients presented moderate and mild scores, respectively. The distal subungual onychomycosis occurred in 12/27 patients, a mixed pattern occurred in 14/27 patients, and, white superficial occurred in only 1/27 patients. The multivariable model was able to predict the onychomycosis-positive diagnosis. The age [OR=1.04; 95%CI=1.00-1.07], male sex [OR=5.75; 95%CI=2.06-16.04], and presence of obesity [OR=4.80; 95%CI=1.44-16.06] were significant in predicting the onychomycosis-positive diagnosis. Conclusion: Onychomycosis in patients on hemodialysis was associated with a great variety of microorganisms, mainly Trichophyton species. The nail involvement severity score for the majority of patients was severe, and distal subungual onychomycosis and mixed pattern onychomycosis were the most prevalent clinical types.
Fomento	