COMPLICATED FORMS OF TINEA PEDIS IN PATIENTS WITH DIABETES MELLITUS DURING THE REHABILITATION PERIOD AFTER CORONAVIRUS INFECTION

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Introduction.

According to the international literature, in recent years, particularly in the context of the COVID-19 pandemic, complicated forms of tinea pedis have been increasingly observed, especially among patients with diabetes mellitus. Therefore, one of the main tasks of mycologists is to analyze complicated forms of tinea pedis, taking into account the clinical and immunological status of patients who have had coronavirus infection during the rehabilitation period, and to develop appropriate therapeutic measures.

Objective. To study the frequency of complicated forms of tinea pedis in patients with diabetes mellitus who have had coronavirus infection and to develop effective therapeutic measures.

Materials and Methods. During 2025, 255 patients with various clinical forms of tinea pedis attended Interdistrict Dermatovenereological Dispensary No. 8. Of these, 46 patients were under 30 years of age, 122 were aged 31–50 years, and 87 were aged 50 years and older.

During history taking, it was established that 87 patients (34.1%) had previously had COVID-19. Patients aged 31–50 years predominated in this group, accounting for 49 patients (56.3%). Their number was lower in the other age groups: 11 patients were under 30 years of age and 27 patients were over 50 years of age.

Results. All patients underwent examination according to standard requirements, and the diagnosis of tinea pedis was confirmed by bacterioscopic examination in all patients.

Among the examined patients, the number of women was 1.91 times higher than that of men, with women accounting for 61.9% and men for 38.1%. This finding was associated with the specific immunological and hormonal characteristics of the examined patients.

More than half of the patients (73.4%) belonged to the socially active age group (under 50 years), while 26.6% were individuals over 50 years of age.

Type 2 diabetes mellitus was detected at the time of presentation in 103 (40.3%) of the 255 patients. Of these, 11 patients (8.2%) were previously unaware of their disease, whereas 152 patients (32.1%) had previously received regular appropriate treatment for diabetes mellitus.

To achieve the objective of the study, the patients were divided into three comparative groups:

Group 1 included 103 patients with diabetes mellitus.

Group 2 included 87 patients who had previously had COVID-19.

Group 3 included 65 patients who had neither diabetes mellitus nor a history of coronavirus infection.

According to the clinical findings, in **Group 1**, the intertriginous form was diagnosed in 19 patients (18.5%), the squamous form in 19 patients (18.5%), and the dyshidrotic form of tinea pedis in 65 patients (63%).

It should be emphasized that all patients with the dyshidrotic form experienced severe itching, oozing, edema, and eczematization, and the disease was frequently complicated by pyococcal infection.

Among the patients in **Group 2**, the squamous form was diagnosed in 21 patients (23.9%), the intertriginous form in 15 patients (17.4%), and the dyshidrotic form of tinea pedis in the remaining 51 patients (58.7%).

In this group, patients with the dyshidrotic form of the disease were also frequently observed. The disease was complicated by pyoderma and was accompanied by edema, oozing, and seropurulent discharge. Severe itching was observed in all patients, while inguinal lymphadenitis was noted in almost all patients.

Among the patients in **Group 3**, the squamous form was diagnosed in 23 patients (35.3%), the intertriginous form in 25 patients (38.2%), and the dyshidrotic form of tinea pedis in the remaining 17 patients (26.5%).

In this group, the dyshidrotic form had a relatively milder course: the affected areas showed mild edema, moderate itching, and oozing with serous discharge.

Conclusion. In patients with diabetes mellitus who have had coronavirus infection, tinea pedis has a more severe clinical course. Dyshidrotic forms of the disease occur more frequently in these patients, and the process is almost always complicated by pyococcal infection and accompanied by inguinal lymphadenitis.

Further in-depth research in this area is necessary to optimize effective treatment methods and improve the management of these patients.

The severe course of tinea pedis following coronavirus infection, as well as in patients with diabetes mellitus, indicates the need to use medications aimed at improving the immune status of the body during the rehabilitation period after COVID-19.

Early detection and prevention of tinea pedis should be monitored not only by dermatologists but also by physicians of other specialties, including endocrinologists.

In addition, during the rehabilitation period after COVID-19, it is advisable to implement therapeutic measures aimed at improving the immune status of the body alongside the prevention of endocrinological complications.