

Research Article

FUNGAL ASSESSMENT OF ARTIFICIAL NAILS OF FEMALE STUDENTS OF NNAMDI AZIKIWE UNIVERSITY, AWKA

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Abstract

This study was conducted to isolate and identify fungi from artificial female nails of female students. A total of ten nail samples were collected. The samples were collected from random female students of Nnamdi Azikiwe University, Awka. The experiment was carried out at the Department of Applied Microbiology and Brewing, Faculty of Bioscience, Nnamdi Azikiwe University, Awka. The isolated pathogens from finger nails include *Cladosporium* spp., *Candida albicans*, and *Trichophyton* spp. Highest contamination of *Cladosporium* spp. was isolated followed by *Candida albicans* and then *Trichophyton* spp. with low frequency. After the colonies were being isolated, they were further characterized on the basis of morphological and microscopic features including Lactophenol cotton blue stain and Germ tube test to identify fungi type. The frequency of occurrence of various fungal isolates in female artificial fingernails were attained showing a high level of *Cladosporium* spp. with 64%, followed by *Candida albicans* with 31% and *Trichophyton* spp. with the least occurrence of 5%. Fingernails remain one of the channels of food contamination and it serves as probable reservoir for pathogenic organisms in this study especially the females.

Keywords: Fungi, Artificial nails, Cladosporium, Trichophyton.

INTRODUCTION

Microorganisms are widely distributed all over the world be it air, water, soil and even human body. Water born disease are those disease which have water as their vehicle of transmission (Agu et al., 2014; Agu et al., 2017; Agu et al., 2023; Victoraduloju et al., 2023). Human body is said to be the shelter of millions of bacteria, viruses, fungi, and other many other invisible organisms. These organisms are collectively called as microbes. The microbes belong to different communities and together called as micro biome. The human micro biome is a source of various genetic diversity and no two human micro biomes can be absolutely same. Different microbes reside on different places of human body and they are adapted to the conditions in which they live. These microorganisms play an important role in maintaining the human health. (Kumar et al., 2017). The hands of the human body are in most contact with the outer world. The human hands are located at the end of each arm. Normally, a human has five fingers on each hand which includes: a thumb, index finger, middle finger and little finger (Baran et al., 2002). People use their hands for multiple purposes every day. Therefore, it is very easy to come in contact with different microbes and to transfer them to objects and even to people. Surprisingly, fingernails are the home for most of the bacteria found on human hands (Wachukwue et al., 2017). Finger tips are the areas of the human skin that contains the highest concentration of receptors. These areas of the nerve endings make the fingers very sensitive to heat, cold, moisture, vibration, pressure and various other stimuli (Wootton et al., 2007). Fingernails are attached to the distal end of each finger.

*Corresponding Author: *Obianom, O.A.,* Department of Applied Microbiology and Brewing, Nnamdi Azikiwe University, P.M.B. 5025, Awka, Nigeria. A nail is tough envelope like covering the terminal phalanges of fingers and toes in human (Wang *et al.*, 2016). The area under the fingernail is difficult to clean and therefore there resides the most pathogenic organisms. Activities which can increase the risk of fungal nail infection include: having constantly wet hands, severe nail biting, and eczema around the fingernails. It is seen that the fingernails are more sensitive to accumulate different kinds of bacterial pathogens due to constant change in the environment of the host and its surrounding (Larson *et al.*, 2003). The aim of this work is to isolate, identify and characterize fungi from artificial fingernails of female students of Nnamdi Azikiwe University, Awka.

Materials and Methods

Study Area

The study areas for this research were some selected areas in Nnamdi Azikiwe University, Awka metropolis, Anambra state, Nigeria known for their high population.

Sample Population

The target population was female students of Nnamdi Azikiwe University, Awka, within the selected study area. The inclusion criteria were female students who use artificial fingernails to carry out several personal activities, while the exclusion criteria were female students without artificial fingernails.

Sample Collection

Fingernails of different female students around Nnamdi Azikiwe University, Awka metropolis were sampled. The

samples obtained were asceptically wrapped to prevent contamination and then transported to microbiology section in the Departmental laboratory for microbial analysis.

Preparation of Culture Media and Normal Saline

Sabouraud Dextrose Agar was used in this research to isolate and identify the fungi; and the media was prepared according to manufacturer's instruction 11g of Sabouraud Dextrose Agar and 2g of Antibiotics was weighed and dissolved into 160ml of distilled water in a conical flask. Cotton wool was then placed to cover it and wrapped with aluminum foil. After which the solution was then autoclaved at 121oc for 15 minutes, it was then allowed to cool and dispensed into Petri-dishes.8.5g of Sodium chloride (NaCl) was weighed and tipped into 100ml of distilled water after which it was sterilized in the autoclave. 1ml of the sample was dropped into 9ml of normal saline and shake vigorously to form a uniform solution of 10-¹ concentration.

Sample Preparation

The finger nails were cut and inoculated in a sabouraud dextrose broth and incubated overnight at 25-28°C.

Inoculation and Incubation

1ml pipette was employed to drop 0.01ml of the inoculums into the Petri-dishes and evenly spread all over the surface of the agar plate using stirring rod. All plates were incubated immediately after inoculation and placed upside down to prevent drops of condensations from collecting on the inoculated surface. Sabouraud Dextrose Agar plates were incubated for 28oC for 72hrs, after which pure culture was prepared from the distinct fungal isolate observed (Harrigan, 1998; Ogbo *et al.*, 2015).

Subculturing and Storage of the Fungal Isolates

A loopful of the inoculated broth was sub cultured on Sabouraud Dextrose Agar (SDA) and further incubated for 24 hours. The isolated organisms were purified through repeated subculture method. Streak plate methods were used for this purpose. Sabouraud Dextrose Agar (SDA) was used as media. When a plate yielded only one type of colony, the organisms were considered to be pure.

Isolation and Characterizaton of the Fungi: This was done based on the gross morphological appearance of fungal colonies on the SDA culture medium and the slide culture as described by Agu and Chidozie (2021) and lactophenol cotton for microscopic evaluation under X10 and X40 magnification of the microscope; with reference to the Manual of Fungal Atlase (Ellis *et al.*, 2007).

Germ Tube Test: A suitable yeast colony and emulsify it in a tube containing 0.5ml human serum (HIV &HBSAg negative serum). Incubate at 35° C for $1\frac{1}{2}$ - 3 hours. After incubation, place a drop of the suspension on a glass slide, cover with cover slip and examine under low power magnification for the presence of germ tubes.

RESULTS

Table 1 shows the colony morphologies and microscopic features of fungal isolates	Note: S-Sample
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Isolates	S1	S2	S3	S4	S5	S6	S 7	S8	S9	S10
Morpholo	White to	Green to	Green to	Green to	Green to	White to	White to	Flat,	Green to	Green to
gical	cream	black	black	black	black	cream	cream	white to	black	black
features	colored,	from the	from the	from the	from the	colored,	colored,	cream in	from the	from the
	smooth,	front and	front and	front and	front and	smooth,	smooth,	color	front and	front and
	and yeast-	texture is	texture is	texture is	texture is	and yeast-	and yeast-	with a	texture is	texture is
	like	velvety to	velvety to	velvety to	velvety to	like	like	powdery	velvety to	velvety to
	appearanc	powdery	powdery	powdery	powdery	appearanc	appearanc	surface	powdery	powdery
	e	in	in	in	in	e	e		in	in
		appearanc	appearanc	appearanc	appearanc				appearanc	appearanc
		e	e	e	e				e	e
Microsco	Short and	Long and	Short and	Short and	Short and	Short and	Short and	Spiral	Long and	Long and
pic	inflated	branched	inflated	inflated	inflated	inflated	inflated	and	branched	branched
features	conidioph	branched	conidioph	conidioph						
	ores,	hyphae	ores,	ores,						
	hyphae	hyphae is	hyphae	hyphae	hyphae	hyphae	hyphae		hyphae is	hyphae is
	are	septate	are	are	are	are	are		septate	septate
	septate,	and	septate,	septate,	septate,	septate,	septate,		and	and
	hyaline.	brown	hyaline	hyaline	hyaline	hyaline	hyaline		brown	brown
Probable	Candida	Cladospo	Cladospo	Cladospo	Cladospo	Candida	Candida	Trichoph	Cladospo	Cladospo
organisms	albicans	rium spp.	rium spp.	rium spp.	rium spp.	albicans	albicans	yton spp.	rium spp.	rium spp.

Table 2. The L	actophenol	cotton blu	e stain
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Isolates	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
Fungal	Yeast	Mold	Mold	Yeast	Mold	Yeast	Yeast	Mold	Mold	Mold
type										

Table 3. The Germ Tube Test

Isolates	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
Germ	positive	-	-	negative	-	positive	positive	-	-	-
tube										
test										

Note: S-Sample

 Table 4. The Frequency of occurrence of various fungal isolates in female artificial fingernails

S/N	Organisms Identified	Frequency (%)
1	Cladosporium spp.	64%
2	Candida albicans	31%
3	Trichophyton spp.	5%

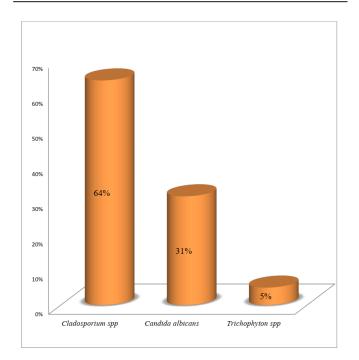


Fig.1. The percentage of fungal isolates from artificial fingernail samples

DISCUSSION

Microbial contamination of the female artificial fingernails has become a global health problem. This study shows that *Candida albicans, Cladosporium* spp., and *Trichophyton* spp. were found in the female artificial nails, *Cladosporium* spp. and *Candida albicans* have the highest frequency of 64% and 31% respectively, followed by *Trichophyton* spp. with 5% which is the least frequency of occurrence. Some of these pathogens have been reportedly isolated from cooked foods in Nigeria (Baiyewu *et al.*, 2017; Chukwuka *et al.*, 2013). Out of the fungi isolated, *Cladosporium* spp. has the highest frequency of occurrence (64%) followed by *Candida albicans* (31%) and *Trichophyton* spp. with 5% frequency of occurrence. This is however in agreement with Ifeanyi, (2015) and Bello (2013) whom both isolated about seven different fungal genera from different artificial fingernails from vendors and when these isolates were aseptically inoculated into healthy foods, the characteristic symptoms originally observed were also noticed. Figure 1 showed the percentage of fungal isolates from the artificial fingernails sample after calculating the total percentage of each isolate Cladosporium spp. 64%, Candida albicans 31% and Trichophyton spp. 5% as the number and types of fungi associated with the hands are of greater concern for health. Opportunistic pathogens such as Fungi can survive on inanimate surfaces for long periods of time and items such as watches, pens, and mobile phones are permanent surfaces for transmission of these types of infections (Akinyemi et al., 2019). Ryan et al., (2014) Explain Cladosporium spp. are Rugged and opportunistic without highest prevalence of 64%. The identification of isolated organisms was determined using Lactophenol cotton blue staining technique in Table 2.

Rayan and Flournoy (2017) had reported heavy fungal growth under fingernails that were more than 1mm in length and showed that food vendors with short finger nails (properly cut) had 64% fungal contamination (fungal count) and food vendors with long finger nails showed more (67%) contamination of fungal count on their hands. Lin *et al.*, (2013) reported that long fingernail tends to harbors more microorganisms than short nails. Visibly clean nails were observed merely by appearance of finger nails of students, showed presence of 62% bacterial contamination ontheir hands. Ray *et al.*, (2019) observed a decrease in colony count following hand washing with soap in 60% of the samples.

Ray et al., (2014) found that hand swab samples of 61% children harbors potential pathogens before taking food, also reported presence of pathogenic microbes on the hands of the students which included Cladosporium spp., Aspergillusniger, Candida albicans, Trichophyton spp. Tambekar and Shirsat, (2012) reported the presence of *Cladosporium* spp., Aspergillusniger, Candida albicans, Trichophyton spp., Rhizopus spp., Fusarium spp., from the hand swabs of students. Chinakwe et al., (2012) also isolated E. coli, Aspergillusniger, Candida albicans, Trichophyton spp., Cladosporium spp., from the hand-wash water samples. Oniya et al., (2006) isolated microorganisms transmissible through hand-shake and also reported prevalence of microorganisms was higher in primary and secondary school students than in the under graduate students. The reduction in the number of pathogens after hand washing was also reported by Tambekar et al., (2009). Generally, most fungi are considered toxigenic or pathogenic (Al-Hindi et al., 2014). Some molds may produce mycotoxins (Tournas and Stack, 2014). The fungi isolated in this study have been reported to produce secondary metabolites in foods. These secondary metabolites are potentially harmful to humans and animals (Eaton and Groopman, 2014; Baiyewu et al., 2017). A good example is Aflatoxin which has been implicated in cancer of the liver (heplatoma), aflatoxicosis and also acute hepatitis in humans, especially in the developing world (Baiyewu et al., 2017). Pathogenic fungi, on the other hand, could cause infections or allergies (Monso, 2014).

Conclusion

Fingernails remain one of the channels of food contamination and it serves as probable reservoir for pathogenic organisms in this study especially the females who prepare meals for both domestic and commercial purpose.

REFERENCES

- Agu, K.C. and Chidozie, C.P. (2021). An Improved Slide Culture Technique for theMicroscopic Identification of Fungal Species. *International Journal of Trend in Scientific Research and Development*, 6 (1): 243-254, URL: www.ijtsrd.com/papers/ijtsrd45058.pdf
- Agu, K. C., Nmecha, C.O., Nwaiwu, M.O., Ikedinma, J.C., Awah, N.S., Eneite, H.C., Victor-Aduloju A.T., Umeoduagu N., Onwuatuegwu, J.T.C. (2017). Isolation and Characterization of Halotolerant Bacteria from Ezzu River Amansea, Awka, Anambra State. *Bioengineering* and *Bioscience*, 5 (4): 86-90. DOI: 10.13189/bb. 2017.050303
- Agu, K.C., Orji, M.U., Onuorah, S.C., Egurefa, S.O., Anaukwu, C.G., Okafor, U.C., Awah, N.S., Okafor, O.I., Mbachu, A.E. and Anyaegbunam, B.C. (2014). Influence of Solid Waste Dumps Leachate on Bacteriological and Heavy Metals Contamination of Ground Water in Awka. *American Journal of Life Science Researches*, 2 (4): 450-457.
- Agu, K.C., Umeoduagu, N.D., Egurefa, S.O., Awari, V.G., Uwanta L.I., Ikenwa, B.O., Udenweze, E., Nwiyi, I.U., Chidubem-Nwachinemere, N.O., Ozoh, C.N., Ohanazoeze, C.F. and Nwosu, J.C. (2023). Comparative Study of the Microbiota ofFish Ponds in Awka, Anambra, Nigeria. *Global Scientific Journal*, 11 (6): 1625-1646. URL: http://www.globalscientificjournal.com/researchpaper/Com parative_Study_of_the_Microbiota_of_Fish_Ponds_in_Aw ka Anambra Nigeria.pdf
- Akinyemi, J.O., Banda, P., De Wet, N. et al. Household relationships and healthcare seeking behaviour for common childhood illnesses in sub-Saharan Africa: a cross-national mixed effects analysis. BMC Health Serv Res19, 308 (2019). https://doi.org/10.1186/s12913-019-4142-x
- Baran R., (2012). Nail healthy therapy: anattractive enhancement or a potential hazard. *Journal of cosmetics and dermatology*, 1:24-29.
- Bello, D. A., Hassan, Z. I., Afolaranmi, T. O., Tagurum, Y. O., Chirdan, O. O. and Zoakah, A. I. (2013). Supportive supervision: an effective intervention in achieving high quality malaria case management at primary health care level in Jos, Nigeria. *Annals of African medicine*, 12(4), 243–251. https://doi.org/10.4103/1596-3519.122695
- Chinakwe EC, Nwogwugwu NU, Nwachukwu IN, Okorondu SI, Onyemekara NN, Ndubuisi-Nnaji UU (2012). Microbial quality and public health implications of handwash water samples of public adults in Owerri, South-East Nigeria,
- Chukwuka, K. S. Iwuagwu, M. I. and Uka, U.N. 2013. Evaluation of nutritional components of Caricapapaya L. At different stages of ripening. IOSR Journal of Pharmacy and Biological Sciences 6(4): 13-16
- Charif M A, Elewski B E (2017). A historical perspective on onychomycosis. *Dermatolology Therapy*, 3:43–45.
- Clarke, P.H., and S.T. Cowan (2013). Biochemical methods for bacteriology. *Journal of General Microbiology*. 6:187-197.
- Clayton, Y. M., and R. J. Hay. (2013). Epidemiology of fungal skin and nail disease: roundtable discussion held at Dermatology 2000, Vienna. *Britain Journal of Dermatology*, 130(Suppl. 4):9-11.
- Cohen J L, Scher R K, Pappert A S (2013). The nail and fungus infections. In: Elewski B, editor. Cutaneous fungal infections. New York, N.Y: Igaku-Shoin Inc.; pp. 106–122.

- Cohen., Philip R., Richard K., (2012). Nail disorders: diagnosis and treatment. *Journal of the American academy of dermatology*. 26(4):521-531.
- De Backer, P., P. De Keyser, C. De Vroey, and E. Lesaffre. (2016). A 12-week treatment for dermatophyte toe onychomycosis: terbinafine 250 mg/day vs. itraconazole 200 mg/day— a double-blind comparative trial. *Britain Journal of Dermatology*, 134(Suppl. 46):16–17.
- De Doncker P, Decroix J, Pierard G E, Roelant D, Woesternborghs R, Jacqmin P, Odds F, Heremans A, Dockx P, Roseeuw D. (2016). Antifungal pulse therapy for onychomycosis: a pharmacokinetic and pharmacodynamic investigation of monthly cycles of 1-week pulse therapy with itraconazole. *Arch Dermatology*, 132:34–41.
- De Doncker P. (2017). Pharmacokinetics of oral antifungal agents. *Dermatology Therapy*, 3:46–57.
- Decroix J, Fritsch P, Picoto A, Thrülimann W, Degreef H. (2017). Short-term itraconazoleversus terbinafine in the treatment of superficial dermatomycosis of the glabrous skin (tineacorporis or cruris) European Journal of Dermatology, 7:353–357
- Del Rosso J Q, Gupta A K. (2017). Oral antifungal agents: recognition and management of adverse reactions. *Today's Therapy Trends*. 15:75–84
- Del Rosso J Q. (2017). Advances in the treatment of superficial fungal infections: focus on onychomycosis and dry tineapedis. *Journal of American Osteopath Association*. 97:339–345.
- Dolenc-Voljc, M. (2015). Dermatophyte infections in the Ljubljana region, Slovenia, 1995- 2002. *Mycoses* 48:181-186
- Dompmartin D, Dompmartin A, Deluol A M, Grosshans E, Coulaud J P. (2014). Onychomycosis and AIDS: clinical and laboratory findings in 62 patients. *International Journal of Dermatology*. 29:337–339.
- Drake L A, Dinehart S M, Farmer E R, Goltz R W, Graham G F, Hordinsky M K, Lewis C W, Pariser D M, Skouge J W, Webster S B, Whitaker D C, Butler B, Lowery B J. (2016). Guidelines of care for superficial mycotic infections of the skin: onychomycosis. *Journal of American Academic Dermatology*. 34:116–121.
- Dwyer C M, White M I, Sinclair T S. (2017). Cholestatic jaundice due to terbinafine. *British Journal of Dermatology*. 136:968–981.
- Elewski B E, Charif M A. (2017). Prevalence of onychomycosis in patients attending a dermatology clinic in northeastern Ohio for other conditions. *Arch Dermatology*. 133:1172–1173.
- Elewski B E, Hay R J. (2016). Update on the management of onychomycosis: highlights of the third annual international summit on cutaneous antifungal therapy. *Clinical Infectious Diseases*. 23:305–313.
- Elewski B E, Rinaldi M G, Weitzman I. (2015). Diagnosis and treatment of onychomycosis. *A clinician's handbook*.
- Elewski B E, Scher R K, Aly R, Daniel III R, Jones H E, Odom R B, Zaias N, Jacko M L. (2017). Double-blind, randomized comparison of itraconazole capsules vs. placebo in the treatment of toenail onychomycosis. *Cutis*. 59:217–220.
- Elewski B E. (2013). Mechanisms of action of systemic antifungal agents. *Journal of American Academic Dermatology*. 28: S28–S34.
- Elewski B E. (2015). Clinical pearl: diagnosis of onychomycosis. Journal of American Academic Dermatology. 32:500-501.

- Elewski B E. (2017). Large scale epidemiological study of the causal agents of onychomycosis: mycological findings from the multicenter onychomycosis study of terbinafine. *Arch Dermatology*. 133:1317–1318.
- Elewski, B. E. (2018). Onychomycosis: pathogenesis, diagnosis, and management. *Clinical Microbiology Revolution*. 11:415-429.
- Ellis D H, Watson A B, Marley J E, Williams T G. (2017). Non-dermatophytes in onychomycosis of the toenails. *British Journal of Dermatology*.136:490–493
- Ellis, D. H., A. B. Watson, J. E. Marley, and T. G. Williams. (2017). Non-dermatophytes in onychomycosis of the toenails. *British Journal of Dermatology*. 136:490-493.
- Ellis, D. H., J. E. Marley, A. B. Watson, and T. G. Williams. 1997. Significance of nondermatophyte molds and yeasts in onychomycosis. *Dermatology* 194(Suppl. 1):40–42.
- Faggi, E., G. Pini, and E. Campisi. 2002. PCR fingerprinting for identification of common species of dermatophytes. J. *Clin. Microbiol.* 40:4804-4805.
- Fraki J, Heikkilä H T, Kero M O, Kuokkanen K E, Oksman R O, Rantanen T T, Saari S S, Sten M L, Stubb S H A, Uggeldahl P E. Dermatology 2000 (symposium) 1991. Fluconazole in the treatment of onychomycosis: an open, non-comparative study with oral 150 mg fluconazole once weekly, abstr. 14.
- Gentles, J. C. 1971. Laboratory investigations of dermatophyte infections of nails. Sabouraudia 9:149-152
- Goodfield, M. J. D. 1992. Short-duration therapy with terbinafine for dermatophyteonychomycosis: a multicentre trial. Br. J. Dermatol. 126(Suppl. 39):33–35.
- Gupta A K, Kopstein J B, Shear N H. Hypersensitivity reaction to terbinafine. *J Am Acad Dermatol.* 1997; 36:1018–1019.
- Gupta A K, Sibbald R G, Lynde C W, Hull P R, Prussick R, Shear N H, De Doncker P, Daniell III C R, Elewski B E. Onychomycosis in children: prevalence and treatment strategies. J Am Acad Dermatol. 1997; 36:395–402.
- Gupta A K. The development of green vision in association with terbinafine therapy. *Arch Dermatol.* 1996; 132:845– 846.
- Hainer, B. L. 2013. Dermatophyte infections. Am. Fam. Physician 67:101-108.
- Harmsen, D., A. Schwinn, E. B. Brocker, and M. Frosch. 1999. Molecular differentiation of dermatophyte fungi. *Mycoses* 42:67-70
- Havu V, Brandt H, Heikkilä H, Hollne A, Oksman R, Rantanen T, Saari S, Stubb S, Turjanmaa K, Piepponen T. A double-blind, randomized study comparing itraconazole pulse therapy with continuous dosing for the treatment of toe-nail onychomycosis. *Br J Dermatol.* 1997; 136:230– 234.
- Hay R J. Fungal skin infections. Arch Dis Child. 1992; 67:1065–1067.
- Hay, R. J. (2014). The future of onychomycosis therapy may involve a combination of approaches. *British Journal of Dermatology*. 145(Suppl. 60):3-8.
- Hedderwick S., Shelly M., Michael L., Carol K., (2017). Pathogenic organisms associated with artificial fingernails worn by healthcare workers, journal of infection control and hospital epidemiology, 21:505-509.
- Heikkalä H, Stubbs S. (2015). The prevalence of onychomycosis in Finland. *British Journal of Dermatology*. 133:699–701.
- Heikkila, H., and S. Stubb. (2015). the prevalence of onychomycosis in Finland. *British Journal of Dermatology*. 133:699-703.

- Hunter J., Savin J., and Dahl M., (2012). Clinical dermatology. Malden, Mass; *Blackwell sciences*. pp. 173.
- Ilkit, M. 2005. Onychomycosis in Adana, Turkey: a 5-year study. *International Journal of Dermatology*. 44:851-854.
- Kanbe, T., Y. Suzuki, A. Kamiya, T. Mochizuki, M. Fujihiro, and A. Kikuchi. (2013). PCRbased identification of common dermatophyte species using primer sets specific for the DNA topoisomerase II genes. *Journal of Dermatological Science*. 32:151-161.
- Kanbe, T., Y. Suzuki, A. Kamiya, T. Mochizuki, M. Kawasaki, M. Fujihiro, and A. Kikuchi. 2003. Species-identification of dermatophytes *Trichophyton*, *Microsporum* and *Epidermophyton* by PCR and PCRRFLP targeting of the DNA topoisomerase II genes. J. Dermatol. Sci. 33:41-54.
- Kano, R., A. Hirai, M. Muramatsu, T. Watari, and A. Hasegawa. (2013). Direct detection of dermatophytes in skin samples based on sequences of the chitin synthase 1 (CHS1) gene. *Journal of Veteran Medical Science*. 65:267-270
- Kano, R., Y. Nakamura, S. Watanabe, H. Takahashi, H. Tsujimoto, and A. Hasegawa. (2018). Differentiation of *Microsporum* species by random amplification of polymorphic DNA (RAPD) and Southern hybridization analyses. *Mycoses*. 41:229-233.
- Kardjeva, V., R. Summerbell, T. Kantardjiev, D. Devliotou-Panagiotidou, E. Sotiriou, and Y. Graser. (2016). Fortyeight-hour diagnosis of onychomycosis with subtyping of *Trichophytonrubrum* strains. *Journal of Clinical Microbiology*. 44:1419-1427.
- Kumar A., Chordia N., (2017). Role of microbes in human health. Applied microbiology: open acess, 3(2):2471-9315.
- Kuokkanen K, Alava S. (2013). Fluconazole in the treatment of onychomycosis caused by dermatophytes. *Journal of Dermatology Treatment*. 3:115–117.
- Larson E., (2013). Hygiene of skin: when is clean too clean? Journal of emerging infectious diseases, 7(2):12-17.
- Liu, D., L. Pearce, G. Lilley, S. Coloe, R. Baird, and J. Pedersen. 2002. PCR identification of dermatophyte fungi *Trichophytonrubrum*, *T. soudanense* and *T. gourvilii. J. Med. Microbiology*. 51:117-122.
- Liu, D., S. Coloe, R. Baird, and J. Pedersen. 2000. Application of PCR to the identification of dermatophyte fungi. J. Med. Microbiology. 49:493-497.
- Mahoney, J. M., J. Bennet, and B. Olsen. 2013. The diagnosis of onychomycosis. Dermatol. Clin. 21:463-467.
- Matthieu L, De Doncker P, Cauwenbergh G, Woestenborghs R, van de Velde V, Janssen P A, Dockx P. Itraconazole penetrates the nail via the nail matrix and the nail bed: an investigation in onychomycosis. ClinExpDermatol. 1991; 16:374–376.
- Mengist A., Aschale Y., Reta A., (2018). Bacterialand parasitic assessment from fingernail in Debremarkos, northwest Ethiopia. *Canadian journal of infectious disease and medical microbiology*.
- Michael j. Pelczar., ECS Chan, Noel R.Krieg. McGraw company New York Fifth editin.1986: 597.
- Monod, M., S. Jaccoud, C. Zaugg, B. Lechenne, F. Baudraz, and R. Panizzon. 2012. Survey of dermatophyte infections in the Lausanne area, Switzerland. Dermatology 205:201-203.
- Mugge, C., U. F. Haustein, and P. Nenoff. 2016. Causative agents of onychomycosis—a retrospective study. J. Dtsch. Dermatol. Ges. 4:218-228.
- Nolting, S., M. Brautigam, and G. Weidinger. 1994. Terbinafine in onychomycosis with involvement by non-

dermatophytic fungi. Br. J. Dermatol. 130(Suppl. 43):16-21

- Novartis Pharmaceuticals Corporation. Terbinafine package insert. E. Hanover, N.J: Novartis Pharmaceuticals Corp.; 1997
- Odom R B, Aly R, Scher R K, Daniel III C R, Elewski B E, Zaias N, DeVillez R, Jacko M, Oleka N, Moskovitz B L. A multicenter-placebo-controlled, double-blind study of intermittent therapy with itraconazole for the treatment of onychomycosis of the fingernail. J Am AcadDermatol. 1997; 36:231–235.
- Odom R, Daniel III C R, Aly R. A double-blind, randomized comparison of itraconazole capsules and placebo in the treatment of onychomycosis of the toenail. *J Am AcadDermatol.* 1996; 35:110–111.
- Ogbo, F.C. and Agu, K.C. (2015). Evaluation of a new method for testing the pathogenicity of molds to yam tubers. *Edorium Journal of Microbiology*, 1: 9–17.
- Ortho Diagnostics. Griseofulvin package insert. Raritan, N.J: Ortho Dermatologic Division; 1997.
- Petrini, B., and M. L. von Rosen. (2012.) optimal dermatophyte diagnosis requires both microscopy and culture. *Lakartidningen*99:4084.
- Prescott L., Harley P., Kelvin D., (2005).Microbiology. 6th ed. Tim McGraw Hill co. NewDelhi. pp: 675.
- Rex J H, Pfaller M A, Galgiani J N, Bartlett M S, Espinel-Ingroff A, Ghannoum M A, Lancaster M, Odds F C, Rinaldi M G, Walsh T J, Barry A L (2012). For the Subcommittee on Antifungal Susceptibility Testing of the National Committee for Clinical Laboratory Standards. Development of interpretive breakpoints for antifungal susceptibility testing: conceptual framework and analysis of in vitro-in vivo correlation data for fluconazole, itraconazole, and *Candida* infections. Clinical Infectious Diseases. 24:235–247.
- Risan., Hasim., Mohsen., (2017). Isolation and identification of bacteria from under fingernails. *International journal of current microbiology and applied science*. pp: 3584-3590.
- Romano, C., C. Gianni, and E. M. Difonzo. (2015). Retrospective study of onychomycosis in Italy: 1985-2000. *Mycoses* 48:42-44.
- Roseeuw D, De Doncker P. (2013). New approaches to the treatment of onychomycosis*Journal of American Academic Dermatology*. 29: S45–S50.
- Scher R K. (2013). Diseases of the nails. In: Conn H, editor. Current therapy. Philadelphia, Pa: The W. B. Saunders Co.; pp. 736–742.
- Scher R K. (2016). Onychomycosis: a significant medical disorder. Journal of American Academic Dermatology. 35(Part 2): S2–S5.
- Scher, R. K., D. Breneman, P. Rich, R. C. Savin, D. S. Feingold, N. Konnikov, J. L. Shupack, S. Pinnell, N Levine, N. J. Lowe, R. Aly, R. B. Odom, D. L. Greer, M. R. Morman, A. D. Monroe, E. H. Tschen, B. E. Elewski, and E. B. Smith. (2013). A placebo-controlled, randomized, double-blind trial of once-weekly fluconazole (150 mg, 300 mg, or 450 mg) in the treatment of distal subungualonychomycosis of the toenail. *Journal of American Academic Dermatology*, in press.
- Shin, J. H., J. H. Sung, S. J. Park, J. A. Kim, J. H. Lee, D. Y. Lee, E. S. Lee, and J. M. Yang. (2013). Species identification and strain differentiation of dermatophyte fungi using polymerase chain reaction amplification and restriction enzyme analysis. *Journal of American Academic Dermatology*. 48:857-865

- Singh, D., D. C. Patel, K. Rogers, N. Wood, D. Riley, and A. J. Morris. (2013). Epidemiology of dermatophyte infection in Auckland, New Zealand. *Australian Journal of Dermatology*. 44:263-266.
- Summerbell R C, Kane J, Krajden S. (2018). Onychomycosis, tineapedis, and tineamanuum caused by non-dermatophytic filamentous fungi. *Mycoses*. 32:609–619.
- Summerbell, R. C. (2017). Epidemiology and ecology of onychomycosis. *Dermatology* 194(Suppl. 1):32–36.
- Summerbell, R. C., J. Kane, and S. Krajden. (2019). Onychomycosis, tineapedis and tineamanuum caused by non-dermatophytic filamentous fungi. *Mycoses* 32:609-619.
- Svejgaard, E. L., and J. Nilsson. (2014). Onychomycosis in Denmark: prevalence of fungal nail infection in general practice. *Mycoses* 47:131-135
- Tausch I, Brautigam M, Weidinger G, Jones T C (2017). The Lagos V Study Group. Evaluation of 6 weeks treatment of terbinafine in tineaunguium in a double-blind trial comparing 6 and 12 weeks therapy. *British Journal of Dermatology*. 136:737–742.
- Tosti A, Piraccini B M, Stinchi C, Venturo N, Bardazzi F, Colombo M D. (2016). Treatment of dermatophyte nail infections: an open randomized study comparing intermittent terbinafine therapy with continuous terbinafine treatment and intermittent itraconazole therapy. *Journal of American Academic Dermatology*. 34:595–600.
- Van der Schroeff, J. G., P. K. S. Cirkel, M. B. Crijns, T. J. A. Van Kijk, F. J. Govaert, D.A. Groeneweg, D. J. Tazelaar, R. F. E. DeWitt, and J. Wuite. (2013). A randomized treatment duration-finding study of terbinafine in onychomycosis. *British Journal of Dermatology*. 126(Suppl. 39):36–39.
- Victor-Aduoju, A.T., Okonkwo, N.N., Okoli, F.A., Agu, K.C., Okoye, C.W., Awari, V.G., Umeoduagu, N.D. (2023). Comparative Analysis of microbial Load of Water in Selected Hostels in Ifite, Awka. *International Journal Of Progressive Research In Engineering Management And Science3* (9): 400-408
- Wachukwu C., Abbey S., Obilor L., (2017). Public health implication of artificial finger nails used by health workers and food handlers. *Journal of applied science*,7(22):3580-3583.
- Wang B., Johnson A., (2016). keratin: structure, mechanical properties, occurrence in biological organisms, and efforts at bioinspiration.76: 229-318.
- Weinberg, J. M., E. K. Koestenblatt, W. D. Tutrone, H. R. Tishler, and L. Najarian. (2013). Comparison of diagnostic methods in the evaluation of onychomycosis. *Journal of American Academic Dermatology*. 49:193-197.
- Weitzman, I., and R. C. Summerbell. (2015). the dermatophytes. Clinical Microbiology Revolution. 8:240-259.
- Wootton M., Brown N., Glynn G., Teale C., (2019). BSAC methods for antimicrobial testing. SAC British society for antimicrobial chemotherapy. Pp.18-25.
- Zaias N, Tosti A, Rebell G, Morelli R, Bardazzi F, Bieley H, Zaiac N, Glick B, Paley B, Allevato M, Baran R. (2016). Autosomal dominant pattern of distal subungualonychomycosis caused by *Trichophytonrubrum*. *Journal of American Academic Dermatology*. 34(2 Pt. 1):302–304.
- Zaini F, Mahmoudi M, Mehbod ASA, Kordbacheh P, Safara M. (2019). Fungal Nail Infections in Tehran, Iran. Iranian Journal of Pubic. Health. 38:46–53.