5.5d Antifungal treatment-resistant dermatomycoses has been known for years [1]. It has mainly been reported in sporadic cases with limited clinical and epidemiologic data. The rise in fungal infections caused by dermatophytes determined by antifungal susceptibility (APST). However, in vivo APST of dermatomycoses is not routinely available in most countries, and thus, many clinicians solve the problem by changing the antifungal treatment to another drug class hoping that it will result in clinical recovery. Unfortunately, cross-resistant fungal species commonly exist causing challenging classification of drug resistance and selecting alternative treatments. An advanced methodology has been reported to improve the classification of drug resistance and selecting alternative treatments. An advanced methodology has been reported to improve the classification of drug resistance and selecting alternative treatments.

Sources: 1. Michailidis P, Rosenthal SB, Sabharwal MB, Wu JH. Triazole fungistatres infection in gastrointestinal tract. A case report and review. Arch Dermatol. 1991;127(9):988-90. 2. Montecucco RS, Correa RM, Roque NT, Moreira EN. Invasive fungal infection in S100A9-deficient mice. J Infect Dis. 2022;225(1):26-34. 3. Saikia A, Umali S, Lucka A, Verma SB, Menon M, Kriger C et al. Entomopathogenic nematodes for the control of pestiferous insects. J Entomol Zool Stud. 2015;3(1):1-5. 4. Daga S, Shaw D, Radhaaniyam A. Antifungal Drug Susceptibility Testing of Dermatomycoses. Laboratory Findings to Clinical Implications. Indian Dermatol Online J. 2019;10(3):225-226. 5. Anand P, Karapitiya, E, Lewski M, Mignon D, Karapitiya, R et al. How to perform antifungal susceptibility testing of micomycota-foramining dermatomycoses following the new reference EUST method D1 11. [extended] Trichophyton chilense. Clin Mycol. 2011;1:271-273. 6. Arkansas Path. C. Reiter. Reference Methods of Mycology. 3rd Ed. CLSI standard M38. [Internet]. Available from: www.clsi.org.