Nomenclature of fungal diseases: a report and recommendations from a Sub-Committee of the International Society for Human and Animal Mycology (ISHAM)

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The ISHAM Mycoses Nomenclature Committee has considered the present status of fungal disease names. It suggests that the traditional approach to mycoses nomenclature in which the name of a causative taxon is suffixed with ‘-asis’, ‘-iasis’, ‘-osis’ or ‘-mycosis’ leads to names that are frequently unstable with respect to subsequent taxonomic and clinico-epidemiological changes. It is therefore recommended that individual mycoses should be named as often as possible in the form ‘pathology A due to/caused by fungus X’ or ‘[adjectival] fungus X pathology A’ in preference to construction of names based solely on fungal taxa. A list of recommended mycosis names retained for their long tradition or intrinsic convenience is provided, together with a combined index and list of rejected names.

This published report on names of fungal diseases is the second to be produced under the auspices of the International Society for Human and Animal Mycology (ISHAM). The first was published in 1980 [1]. It is unlikely that this second report will be the last, since new and different clinical forms of fungal infection appear in the course of time, and taxonomic changes affect the names of the species that cause infection. Indeed, the report is one in a long line of similar efforts to clarify and recommend names for fungal infections. The topic of mycosis nomenclature has been considered by organizations such as the British Medical Research Council, whose memorandum on fungal diseases names was first published in 1950 and is currently in its fourth edition [2], and the Council for International Organizations of Medical Sciences (CIOMS) of the World Health Organization, who published a volume on the nomenclature of mycoses in 1982 [3]. Individual papers on aspects of mycosis nomenclature appear not infrequently in specialist journals, and independent publications on the topic have been produced from time to time by medical organizations and pharmaceutical companies with an interest in the problem.

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The existence of so much concern over names given to fungal diseases must reflect substantial dissatisfaction with many aspects of current usage. It is by no means unusual to hear views on nomenclature expressed with greater passion than views on the mycosis itself. The name of an infectious disease should, ideally, convey both clinical and microbiological information. However, the combined forces of history, personal preference, taxonomic change and the impressive ability of fungi to create new pathologies have, in some instances, conspired to produce a disease nomenclature that is more conspicuous by its obscurity than its validity or better known for its controversy than its utility. It is the hope of this Sub-Committee that our recommendations, which emphasize the importance of a functional, common-sense approach to mycoses nomenclature, will provide a basis for less pedantic controversy in the future and for more attention to what really matters, that is, the diseases, not their names. An uncomfortable nomenclature is a distraction, not an asset.

Scope of the report
The Sub-Committee agreed from the outset to constrain its deliberations entirely to the area of invasive fungal disease: names of mycotoxin-based pathologies and allergic reactions (including id reactions to invasive infections) are therefore not considered, nor are infections caused by filamentous and quasi-filamentous bacteria, even though we realize such conditions are sometimes of interest to medical mycological specialists. We know that molecular evidence indicates that *Pneumocystis carinii* is taxonomically related to fungi: however, infections by this organism have not yet found their way unequivocally into the mycological literature so we have not included it in our considerations.

We also restricted our discussions to names in the English language. For better or for worse, English has become the major language of international communication and we believed it was more important to focus on names in the international language rather than to assume, inappropriately, roles as universal linguistic experts familiar with the problems of naming mycoses in every conceivable tongue. We do hope, however, that the principles and recommendations set out below will be found to be applicable in languages other than English.

General principles of mycosis nomenclature
The function of a disease name can be described very simply: it should convey a description of a pathological state as concisely and as exactly as possible. Names of infectious diseases should ideally indicate both a pathology and a causative organism; however, most of the names often used to describe fungal infections give better information to the mycologist than the clinician. One possible reason for this is a historical over-emphasis on single-word names (e.g. cryptococcosis, phaeohyphomycosis, sporotrichosis) which may have originally indicated a specific pathology but later had to be qualified to indicate a particular form of a condition (meningeal cryptococcosis, subcutaneous phaeohyphomycotic cyst, pulmonary sporotrichosis and so on). Nomenclature should not cause confusion; yet in the area of medical mycology there appears to be considerable confusion that results partly from the failure of names to define specific pathologies and partly from changes in names or from use of multiple names to connote a single disease type.

The names of diseases should ideally be as stable as possible. In an era when novel
molecular approaches and heightened interest in taxonomy produce frequent and substantial changes in names of fungi, the tradition of naming a mycosis from its causative taxon creates great problems of instability with disease names. For example, infections caused by the species currently classified as *Pseudallescheria boydii* have been variously referred to as ‘allescheriosis’, ‘allescheriasis’, ‘petriellidiosis’ and ‘pseudallescheriasis’ in recent years, the differences often reflecting frantic attempts to maintain the name of the mycosis consistent with contemporary fungal taxonomy. The renaming process presents few difficulties for mycologists familiar with the taxonomic problems; but to an unfamiliar clinician who will automatically assume that a disease name refers to a specific process that has not altered, such name changes make no intuitive sense at all.

One-word names of course reflect the tradition with mycoses (as with many microbial diseases) that favours names based on those of the fungal taxa involved in the infection. However, it is unclear what real benefit results (and to whom) from coining names of this type. Is there a genuine medical point made in saying, for example, ‘alternariosis’ instead of *Alternaria infection* when the name connotes no specific pathological process at all? The former is certainly shorter, but the latter form contains an inbuilt reminder that two entities, the causative agent and the pathology, are involved.

Names of mycoses are used in two general contexts. First in the specific instance of an individual case of fungal infection (or multiple cases with identical pathology) and secondly as a means of conveying the concept of a more general range of disease types. We consider that these two contexts can and should be dealt with differently for the purposes of mycosis nomenclature. The first is best served by words that describe clinical and mycological details as precisely as possible, the second by words that indicate a family of clinically or mycologically related conditions. Mycosis names that are presently used are frequently adequate for the second purpose but they serve the first poorly. This problem was highlighted in the CIOMS report [3], which pointed out that it would be both impossible and undesirable to attempt to describe each clinical entity that can be caused by each different fungus. That committee recommended that an acceptable disease name can be formed by naming the pathological entity and adding, together with the words ‘due to’, the name of the causative fungus. This Sub-Committee agrees entirely with the spirit of that recommendation. We have termed it the ‘pathology A due to fungus X’ format. We would go further than the CIOMS committee in our own recommendations and suggest that such an approach (and its short-form equivalent where a fungus name is used adjectivally) is the simplest, most accurate and therefore the best in every individual clinical case of mycotic infection; the approach also works well in many more general descriptions.

Our specific recommendations on this point are detailed below. We consider that it is more useful to both the clinician and the microbiologist to discuss an individual diagnosis in terms that are specific even if they are less concise than a neatly coined disease name. Inclusion of details of both pathology and causative species, when known, has implications for therapy and prognosis that transcend the need to conform to a more general and systematic nomenclature. An expression such as ‘chronic verrucous and subcutaneous cysts caused by *Aureobasidium pullulans*’, for example, is of more significance both for the patient and in a written case report than is ‘cutaneous phaeohyphomycosis’, but the latter is an appropriate name to convey all types of infection of the skin caused by a great range of dark-pigmented fungi. Thus the two types of nomenclature bear a similar (but not exact) relation to that of a genus and a species in a taxonomic sense.
The ‘specific’ form of the name freely allows for taxonomic change in names of causative fungi as well as offering flexibility for precise description of pathologies. The ‘generic’ form of the name should be reserved for use only in reference to a more widespread range of conditions with a common clinical or mycological theme. We believe it is better even with ‘generic’ mycosis names to maintain the spirit of the flexible specific nomenclature as far as possible. We consider, for instance, that ‘disseminated *Fusarium* infection’ is superior to ‘disseminated fusariosis’ since it avoids controversy with those who would like to argue that ‘fusariomycosis’ is somehow more correct, and it avoids possible vulnerability to future taxonomic change affecting the causative genus.

We recommend below that fungus names be used adjectivally in reference to specific diseases. We realize that such a recommendation departs from strict purity of English grammar, but it is most certainly consistent with current written and spoken English usage in the late 20th century, where adjectival nouns and noun phrases, for example (‘mass spectrometry’; ‘Nomenclature Committee recommendation’, ‘Veterans’ Administration Hospital’), abound. In particular, expressions of the type ‘*Microsporum canis* infection’, which are used and accepted without significant protest, already embody the principle of adjectival use of fungus names and represent an excellent method of constructing novel mycoses names of the more general type without invoking linguistic controversy. The real value of naming specific mycoses in the ‘pathology A caused by fungus X’ format, with or without adjectival use of the fungus name, is that it allows each individual to feel comfortable with the nomenclature they choose.

Inevitably, we were faced as a committee with decisions concerning ‘generic’ mycoses names. Few of the existing names of mycoses as listed in previous publications were without detractors among our number. However, we agreed finally to the list of names that appears below, together with the definitions and comments contained in it. The prevailing philosophy in this list has been to retain the best-known, broadest and longest-standing usages and to reject many of the more recent mycological neologisms on the grounds that the ‘pathology A due to fungus X’ system allows more flexibility for future experience with a mycosis than do attempts at rigid definition of scholarly names. Thus, for example, we have rejected the name ‘entomophthoromycosis’. The condition can be covered in a very general sense by ‘zygomycosis’, more specifically by, for example, ‘subcutaneous Entomophthorales infection’ and most specifically by, for example, ‘nasal and paranasal infection due to *Conidiobolus coronatus*’.

The names and definitions listed in Table 1 are all terms that can be used in a very general sense indeed to describe mycoses. Table 2 lists the names that we recommend as acceptable for particular mycoses, although most of them define a range of diseases in which the only common feature is a similar causative fungus. Anatomical and pathological adjectives (also adjectives such as ‘systemic’ and ‘disseminated’ as defined in Table 1) can, of course, be freely attached to the names listed in Tables 1 and 2, to make familiar couplings (e.g. cutaneous cryptococcosis, disseminated histoplasmosis, chronic tinea cruris).
Main recommendations of the Sub-Committee

Recommendation 1. Individual disease states involving invasive fungal infection should be designated by specific description of the pathology and the causative fungal genus or species (when known). The name should be either in the form ‘pathology A due to (or caused by) fungus X’ or the shorter form ‘fungus X pathology A’, the choice of form depending on the linguistic preference of the user.

Recommendation 2. Descriptions of classes or broad types of fungus diseases should use names that are more general in their meaning, but should conform as far as possible to the usage of recommendation 1 in instances when recommended general terms do not adequately cover the mycosis of interest. Neologisms derived by adding the suffix ‘-asis’, ‘-iasis’, ‘-osis’ or ‘-mycosis’ to the name of a fungal stem should be avoided unless such a name unambiguously identifies a specific clinico-pathological process as well as a causative agent or agents.

Recommendation 3. Mycoses names that should be retained for their long tradition or intrinsic nomenclatural convenience are listed and defined below. It should be appreciated that a few of the names in this list conform to the ideals set out above in recommendations 1 and 2: they rarely define a specific form of pathology and some refer to a range of different fungi and not even a single genus.

REFERENCES

LIST OF MYCOSES NAMES RECOMMENDED BY THE SUB-COMMITTEE

TABLE 1. Names of general applicability

<table>
<thead>
<tr>
<th>Recommended name</th>
<th>Acceptable alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Mycosis</strong></td>
<td>fungal infection, mycotic infection</td>
</tr>
</tbody>
</table>

*Definition:* infectious disease caused by a fungus.  
*Comment:* the adjective 'mycotic' means 'fungal' and both adjectives can be coupled with the name of a pathology to coin a very general term denoting a particular mycosis ('mycotic mastitis' and 'mycotic abortion' are examples that appear in the mycological literature). We recommend, however, that such terms should be avoided whenever a more specific indication of the fungus type(s) involved can be provided. Note that 'mycosis', 'mycotic' and 'fungoid' all appear in medical terminology in connection with non-fungal diseases. 'Fungal' is recommended as the unambiguous term.

<table>
<thead>
<tr>
<th><strong>2. Systemic mycosis</strong></th>
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</table>

*Definition:* fungal infection involving one or more deep solid organs.  
*Comment:* term is commonly abused: it should not be applied to mucosal infections, including deep mucosal infection such as cystitis, gastritis, etc.

<table>
<thead>
<tr>
<th><strong>3. Disseminated mycosis</strong></th>
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</thead>
</table>

*Definition:* mycosis spread via blood to involve two or more non-contiguous deep solid organs, i.e. a particular subtype of a 'systemic mycosis' as defined above.

<table>
<thead>
<tr>
<th><strong>4. Fungemia, fungaemia</strong></th>
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</thead>
</table>

*Definition:* presence of fungi in the blood.  
*Comment:* fungal septicaemia usually implies persistence or proliferation of fungi in the bloodstream.

<table>
<thead>
<tr>
<th><strong>5. Keratomycosis</strong></th>
<th>mycotic keratitis, fungal keratitis</th>
</tr>
</thead>
</table>

*Definition:* invasive fungal infection of the cornea.

<table>
<thead>
<tr>
<th><strong>6. Dermatomycosis</strong></th>
<th>cutaneous mycosis</th>
</tr>
</thead>
</table>

*Definition:* invasive fungal infection of the skin.  
*Comment:* should not be confused with 'dermatophytosis'.

<table>
<thead>
<tr>
<th><strong>7. Onychomycosis</strong></th>
<th></th>
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</table>

*Definition:* invasive fungal infection of nail.  
*Comment:* tinea unguium (see no. 19) is a specific form of onychomycosis—the two terms are not synonymous.

<table>
<thead>
<tr>
<th><strong>8. Phaeohyphomycosis</strong></th>
<th></th>
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</thead>
</table>

*Definition:* infection caused by a dematiaceous fungus.  
*Comment:* we recommend the use of this term only in its very general sense as defined. The word thus refers to no specific pathologies. 'Chromoblastomycosis' (see no. 16) is the only term recommended for a specific pathology caused by dematiaceous fungi.

<table>
<thead>
<tr>
<th><strong>9. Hyalohyphomycosis</strong></th>
<th></th>
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</thead>
</table>

*Definition:* infection caused by a hyaline fungus exhibiting a hyphal tissue form.  
*Comment:* this term is not unanimously recommended by the Committee. Its use should be reserved only as a general term for infections caused by unusual hyaline fungal pathogens that are not agents of otherwise-named infections.
TABLE 2. Names of fungal infections (in alphabetical order)

<table>
<thead>
<tr>
<th>Recommended name</th>
<th>Acceptable alternative(s)</th>
<th>Common names a</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Adiaspiromycosis</td>
<td></td>
<td>Adiaspore, adiaspore disease</td>
</tr>
<tr>
<td>Definition: infection caused by Chrysosporium/Emmonsia species.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment: name represents a long-described mycosis mainly affecting rodents and characterized by the presence of adiaspores. Taxonomy of causative genus is still controversial.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. African histoplasmosis</td>
<td></td>
<td>African histoplasmosis</td>
</tr>
<tr>
<td>Definition: infection due to Histoplasma capsulatum var. duboisii.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment: the name ‘histoplasmosis duboisii’ was rejected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Aspergillosis</td>
<td></td>
<td>Aspergillosis, aspergiloma, aspergilloma</td>
</tr>
<tr>
<td>Definition: infection due to an Aspergillus species.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment: the term ‘aspergilloma’ has been current for many years: however, intracavitary fungus balls may be caused by genera other than Aspergillus. We recognize that the traditional usage of ‘aspergilloma’ will continue but suggest that more precise (though more cumbersome) alternatives can be derived from the ‘pathology A due to fungus X’ approach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Black piedra</td>
<td></td>
<td>Black piedra, piedra, black scurf</td>
</tr>
<tr>
<td>Definition: infection of hair shafts with Piedraia hortae.</td>
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<tr>
<td>Comment: this condition may be considered a specific condition within the definition of phaeohyphomycosis (see no. 8): we retain it as a separate entity because it is so well established as a specific, defined pathology.</td>
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<td></td>
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<tr>
<td>14. Blastomycosis</td>
<td></td>
<td>Blastomycosis, blastomycosis, blastomycotic disease</td>
</tr>
<tr>
<td>Definition: infection due to Blastomyces dermatitidis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Candidosis, candidiasis</td>
<td>thrush (oral and genital forms only)</td>
<td></td>
</tr>
<tr>
<td>Definition: infection due to a Candida species.</td>
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<td></td>
</tr>
<tr>
<td>Comment: ‘candidosis’ is often preferred in Europe, ‘candidiasis’ in the USA. Both terms are in frequent use. For the many different forms of Candida infection, the form ‘Candida [pathology]’ or ‘[pathology] due to Candida species’ is recommended.</td>
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<tr>
<td>16. Chromoblastomycosis</td>
<td></td>
<td>Chromoblastomycosis, chromomycosis</td>
</tr>
<tr>
<td>Definition: verrucous dermatitis with characteristic sclerotic or muriform cells visible microscopically in infected tissues.</td>
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<td></td>
</tr>
<tr>
<td>Comment: the terms ‘chromomycosis’ and ‘chromoblastomycosis’ are often regarded as synonymous. However, our decision to reject ‘chromomycosis’ is based on two factors. First, chromoblastomycosis was the name used originally for the specific pathology described; secondly, ‘chromomycosis’ is an all-embracing term that amounts to a synonym of ‘phaeohyphomycosis’.</td>
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<tr>
<td>17. Coccidioidomycosis</td>
<td>valley fever, desert fever, desert rheumatism etc.</td>
<td></td>
</tr>
<tr>
<td>Definition: infection due to Coccidioides immitis.</td>
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<td></td>
</tr>
<tr>
<td>18. Cryptococcosis</td>
<td></td>
<td>Cryptococcosis, cryptococcal disease</td>
</tr>
<tr>
<td>Definition: infection due to Cryptococcus neoformans var. neoformans or var. gattii. Logically the name may be applied to infections caused by other Cryptococcus species but this is not commonly done.</td>
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<td></td>
</tr>
<tr>
<td>19. Dermatophytosis</td>
<td>tinea ringworm, athlete’s foot (tinea pedis only)</td>
<td></td>
</tr>
<tr>
<td>Definition: infection due to a dermatophyte fungus, i.e. a fungus in the genus Epidermophyton, Microsporum or Trichophyton. The forms of dermatophytosis most usually encountered are: tinea capitis [= dermatophytosis of the scalp]; tinea barbae [= dermatophytosis of the beard]; tinea corporis [= dermatophytosis of the body]; tinea cruris [= dermatophytosis of the groin]; tinea pedis [= dermatophytosis of the foot]; tinea unguium [= dermatophytosis of the nail]. Other similar combinations are possible. Three forms of dermatophytosis are listed as separately definable entities (see nos. 22, 24, 30).</td>
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</tbody>
</table>
TABLE 2 (continued)

Comment: infections caused by the dermatophytes raise unusual problems of nomenclature. Use of 'tinea' alone as a synonym of 'dermatophytosis' is uncommonly seen, but the tradition of naming dermatophytosis involving individual body sites as 'tinea capitis' etc. is universal. We therefore recommend use of both possible forms, i.e. 'tinea [body site, classically named]' and 'dermatophytosis of [body site in English]' according to user's preference.

20. **Epizootic lymphangitis**
   
   **Definition:** Infection due to *Histoplasmia capsulatum* var. *farciminosum*.
   
   **Comment:** 'histoplasmosis farciminosi' was rejected.

21. **Eumycetoma, eumycotic mycetoma**
   
   **Definition:** Localized, deforming tumour with draining sinuses and 'grains' or 'granules' of the etiologic agent in the infected tissues; due to traumatic implantation of a fungus.
   
   **Comment:** The same lesions can arise as a result of implantation of many types of filamentous bacteria. The term 'mycetoma', unqualified as 'bacterial' or 'eumycotic', should be used only in the most general sense of the word.

22. **Favus**
   
   **Definition:** Chronic infection with a dermatophyte fungus characterized by dense 'scutulum' composed of mycelial masses and epithelial debris in hair follicles.

23. **Histoplasmosis**
   
   **Definition:** Infection due to *Histoplasmia capsulatum* var. *capsulatum*.
   
   **Comment:** Naming of this condition raises difficulties because 'histoplasmosis' should logically refer to infection caused by any variety of *H. capsulatum*. The terms 'American histoplasmosis' and 'histoplasmosis capsulati' were rejected. 'Histoplasmosis due to *H. capsulatum* can be used if ambiguity is feared.

24. **Kerion**
   
   **Definition:** Severe form of dermatophytosis with deep, suppurant, inflammatory lesions.

25. **Lobomycosis**
   
   **Definition:** Infection due to *Loboa loboi*.

26. **Paracoccidioidomycosis**
   
   **Definition:** Infection due to *Paracoccidioides brasiliensis*.

27. **Pityriasis versicolor**
   
   **Definition:** Infection of epidermis by *Malassezia furfur*.
   
   **Comment:** 'tinea versicolor' is an alternative of only borderline acceptability since the condition is not a true tinea, i.e. it is not caused by a dermatophyte.

28. **Rhinosporidiosis**
   
   **Definition:** Infection due to *Rhinosporidium seeberi*.

29. **Sporotrichosis**
   
   **Definition:** Infection due to *Sporothrix schenckii*.

30. **Tinea imbricata**
   
   **Definition:** Dermatophytosis due to *Trichophyton concentricum*.
### TABLE 2 (continued)

31. **Tinea nigra**

*Definition:* macular, pigmented cutaneous infection due to a dematiaceous fungus. The name is strictly of borderline acceptability, since the condition is not a true tinea (i.e. it is not caused by a dermatophyte). However, the name has a very long tradition and alternatives are not available.

32. **White piedra**

*Definition:* infection of hair shafts by a *Trichosporon* species.

33. **Zygomycosis**

*Definition:* infection due to a member of the *Zygomycetes*.

*Common names are given for reference purposes only. Their use should be avoided and it is positively deprecated in formal publications.*

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### INDEX TO RECOMMENDED NAMES AND LIST OF NAMES REJECTED

Recommended names appear in boldface type. Explanations in italic indicate name is rejected by this Subcommittee, and explanations in plain type refer to alternative or trivial names. Numbers refer to those used in Tables 1 and 2 above.

- acladiosis (use 'pathology A due to fungus X' format)
- adiaspiromycosis, 10
- African histoplasmosis, 11
-allescheriasis (-osis) (use 'pathology A due to fungus X' format)
-alternariosis (use 'pathology A due to fungus X' format)
-American histoplasmosis (see no. 23)
aspergillosis, 12
-aspergillosis (intra-pulmonary fungus ball—see no. 12)
-basidiobolomycosis (a form of zygomycosis, 33—use 'pathology A due to fungus X' format)
-beauveriasis (-osis) (use 'pathology A due to fungus X' format)
-black dot ringworm (use *tinea capitis*—see no. 19)
-black piedra, 13
-blastomycosis, 14
-candidamycosis (use candidosis or candidiasis—see no. 15)
-candidiasis, 15
-candidiasis, 15
-chromoblastomycosis, 16
-chromomycosis (see no. 16)
-cladosporiosis (a form of phaeohyphomycosis—use 'pathology A due to fungus X' format)
-classic(al) histoplasmosis (see no. 23)
coccidioidomycosis, 17
cryptococcosis, 18
cutaneous mycosis (see no. 6)
dermatomycosis, 6
dermatophytic granuloma (see *Majocchi's granuloma*)
dermatophytic mycetoma (use 'pathology A due to fungus X' format)
dermatophytosis, 19
dermatophytosis profunda (use 'pathology A due to fungus X' format)
desert fever (trivial name—see no. 17)
desert rheumatism (trivial name—see no. 17)
disseminated mycosis, 3
eczema marginatum (Hebrae) (use *tinea cruris*—see no. 19)
tizonthoro(myco)sis (a form of zygomycosis, 33—use 'pathology A due to fungus X' format)
epizootic histoplasmosis, 20
epizootic lymphangitis, 20
eumycetoma, 21
eumycotic mycetoma, 21
favus, 22
fung(a)emia, 4
fungal infection (see no. 1)
fungal septicemia (see no. 4)
fusariosis (use 'pathology A due to fungus X' format)
geotrichosis (use 'pathology A due to fungus X' format)
haplomycosis (use adiaspiromycosis, 10)
herpes circinatus, etc. (obsolete synonyms for dermatophytoses—see no. 19)
histoplasmosis, 23
histoplasmosis capsulati (see no. 23)
histoplasmosis duboisii (see no. 11)
histoplasmosis farciminosi (see no. 20)
hyalohyphomycosis, 9
keratomycolysis, 5
kerion, 24
kerion celsi (see *kerion*, 24)
lobomycolysis, 25
maduromycosis (see no. 21)
Majocchi's granuloma (= dermatophytic granuloma: use 'pathology A due to fungus X' format)
mollusca (obsolete synonym for *Candida infections*—see no. 15)
mucormycosis (a form of zygomycosis—use 'pathology A due to fungus X' format)
mycosis, 1
mycotic abortion (abortion caused by a fungus, i.e. fungal abortion—see no. 1)
mycotic infection (see no. 1)
mycotic mastitis (mastitis caused by a fungus, i.e. fungal mastitis—see no. 1)
North American blastomycosis (obsolete synonym for blastomycosis, 14)

*onychomycosis, 7*

mycotic abortion (abortion caused by a fungus, i.e. fungal abortion—see no. 1)
mycotic infection (see no. 1)
mycotic mastitis (mastitis caused by a fungus, i.e. fungal mastitis—see no. 1)
North American blastomycosis (obsolete synonym for blastomycosis, 14)

*paracoccidioidomycosis, 26*

mycotic abortion (abortion caused by a fungus, i.e. fungal abortion—see no. 1)
mycotic infection (see no. 1)
mycotic mastitis (mastitis caused by a fungus, i.e. fungal mastitis—see no. 1)
North American blastomycosis (obsolete synonym for blastomycosis, 14)

*phycomycosis*

(use ‘pathology A due to fungus X’ format: note that many authorities no longer regard the causative agents as fungi)

*Pneumocystis carinii pneumonia* (see introduction, page 2)

*Pseudallescheriasis* (use ‘pathology A due to fungus X’ format)

*phycomycosis*

(use ‘pathology A due to fungus X’ format: note that many authorities no longer regard the causative agents as fungi)

*Trichosporonosis* (use ‘pathology A due to fungus X’ format)

*trichosporonosis* (use ‘pathology A due to fungus X’ format)

*white piedra, 32*

yeast infection (used to denote infection caused by a yeast, but term is devoid of true medical or biological meaning)

*zygomycosis, 33*