7 Summary

The role of intestinal candidiasis as an endogenous trigger of certain diseases has been discussed controversial for several years. The aim of this study was to determine the incidence of intestinal candidiasis in the diseases psoriasis, atopic eczema and perioral dermatitis in the dermatological practice. 349 cases were collected between January 2010 and March 2012, in which the group of psoriatic patients counted 170 cases, the group of patients with atopic eczema 107 cases and the one with perioral dermatitis 72 cases. A stool diagnostic has been performed in 83 cases to determine whether an intestinal candidiasis existed or not.

In one third of the 83 performed stool samples increased Candida species values were detected, which are considered to be in need of therapy. 40% of the examined cases in the collective group atopic eczema showed an intestinal candidiasis, this confirms to the statements in the current literature. A comparison to healthy population is difficult because the data concerning the normal infestation varies greatly in literature - the Commission recommendation of the Robert Koch Institute specifies an orogastrointestinal Candida colonization of \( \geq 10^2 \) CFU/ml with a frequency of 4-88%. The comparison of the results of the examined collectives indicates an accumulation of intestinal candidiasis in atopic eczema. Especially in case of this disease, the indication of a stool examination should be made.

The mentioned dermatoses are diseases with complex pathophysiology and numerous provocation factors that may individually differ. Only the diagnosis and adjoining redevelopment of possible trigger factors enables a successful and cost-effective therapy. This work confirmed - with respect to the low present scientific literature - that the presence of atopic dermatitis, especially the perioral dermatitis in atopic patients, a stool examination regarding a possible candidiasis may be medically and economically justified.

This first investigation of the practice should give cause for conducting a prospective (clinical) examination of a cohort in which affected patients should be compared to test persons with healthy skin. This also applies in particular for psoriasis and perioral dermatitis without atopy.