Study by Uthansingh et al. (2019), conducted on 78 patients at IMS and SUM Hospital, Odisha, reported T. rubrum (73%) as the predominant etiological agent of dermatophytosis, followed by T. mentagrophytes (53%) and E. floccosum (26.8%). The highest prevalence occurred in the 5y–30y age group, with more severe cases noted in elderly patients [35], The study found a higher incidence of tinea infection of the capitis variety in particular in schoolgoing children, resulting in increased transmission between them, would be due to increased contact, overcrowding in classrooms (a significant problem in Egypt). Study by Pandy et al., (2023) showed that maximum of 29% had tinea infections in age group between 21 to 30 years. Other observation was found in study by Sarma et al [49], who observed 39% between 21 to 30 years. Patel et al [51], observed 30% and Grover S [52], Roy et al, observed 40% [34], This agree with our result where the young age group (1y–25y) were more infected and high percent with 53.5%. Indeed, Madhavi et al found that tinea infections were more common in the 16y– 45y (old age group) [53]. Different observation recorder by us group 26–51y were less infected 21% than 52y–75y by 23.2% but in general the numbers of cases were closed 18 in 26y–51 and 20 in age 52y–75y. This is agreeing with previous studies where the infection is more happens between young ages and this is may be because there are more contact and may be due to increased physical activity and increased opportunity for exposure. Our finding in table 4.2 show TCA were more infected in age 1y–25y by 41% followed TC by 37% this is agreeing with other researches because this group of age include children and young people. Age 26y–51y were more infected with TP 55.5% followed TV with 16.6%. Age 52y–75y were more infected also by TP 60% and TC 20%. Elderly age ⍰75y were infected with TP 50% and TU 50%. Generally, the infection is existed among all ages but young ages were more infected than elderly may be because the number of cases are decrease with progressing in age in our population. On the other hand, study by Belmiloud et al., (2023) demonstrated a higher prevalence among males (34.91 %) than females (32.19 %), which was in line with previous findings reported in Nigeria , Guinea and India [33], A higher incidence of dermatophytosis was seen in males than in females, which supports Sumathi et al. findings [35,54], Studies which find male predominance recorded that may be due to increased outdoor physical activities and increased sweating, which create a favorable environment for fungal infections, as well as a greater opportunity for exposure to infection than females and they find better hygiene practices among females [33]. Male predominant occurs due to their occupation, frequent interaction with overcrowded people, poor personal hygiene and most of them were working as exhaustive physical worker like factory workers [34]. Other studies prevalence in Ethiopia [47] and Alexandria [55] reported a higher prevalence among females than males [33], This agree with our results where the infection was predominant among females 65% than males 35%. May be due to cases of female's care with health than males and care to visit doctors and take treatment so the number of females 56 case more than males 35 case, and may be they are more contact with infected children than males, more exposure to moist and contact with animal pets. In fact, females infected by types of tinea lesions with high percent ranged from 57% TC to 73% TP and 100% TM while males were more infected with TP 30%, TC 28% and TCA 24%. Many contributed factors make variation on age and sex. However, the variation in prevalence by gender across countries can be explained by the variation of environmental factors, culture and health and hygiene practices of the individual

population. Also the sharing of personal items, and exposure to soil and even animals on playgrounds [[3].