CANDIDA SKIN INFECTION (CUTANEOUS CANDIDIASIS) V3.0

Scope

- This guideline covers antifungal treatment for cutaneous *Candida* infection in children and adults.
- Systemic *Candida* infection, *Candida* infection of the ear canal and oesophageal candidiasis are outside the scope of this guideline.
- For oral or oropharyngeal *Candida* infection, refer to oropharyngeal candidiasis guideline (hyperlink).
- For genital thrush (male and female), refer to genital candidiasis (genital thrush) guideline.
- For nipple thrush, refer to nipple and breast thrush guideline.
- For angular cheilitis, refer to the angular cheilitis guideline.

Comments from the Expert Advisory Group

- Diagnosis is generally made on clinical grounds.
- In uncomplicated nappy rash, or rash related to incontinence products, the skin folds are usually spared.
    - Suspect secondary *Candida* infection if there are sharply defined bright red patches or plaques, often with papules, pustules, scaling or satellite lesions affecting the skin folds.
    - Check for oral candidiasis in nappy rash with secondary *Candida* infection as untreated infection may contribute to recurrent nappy rash, and manage according to the linked oropharyngeal candidiasis guideline.
- Candidal intertrigo classically presents as erythematous and macerated plaques with peripheral scaling. There are often associated superficial satellite papules or pustules. Affected areas may include:
    - Skin folds below the breasts or under the abdomen
    - Armpits and groin
    - Web spaces between the fingers or toes
- Risk factors for cutaneous *Candida* include living with obesity, diabetes, immunosuppression, incontinence, hyperhidrosis and wearing occlusive clothing.
- In recurrent and refractory cases, review modifiable risk factors and manage any associated underlying comorbidity (examples mentioned above).
- Consider secondary care referral if there is failure to respond to treatment or diagnostic uncertainty. Sending samples for fungal culture may be necessary.

CANDIDA SKIN INFECTION (CUTANEOUS CANDIDIASIS) V3.0

General advice for self-care

- Cutaneous candidiasis is particularly likely to affect flexures in warm weather especially in those living with obesity. Keeping these areas dry, particularly skin folds can help prevent recurrence.
- In nappy rash, or rash caused by incontinence products, to prevent secondary *Candida* infection:
    - change nappies or incontinence products as soon as possible after they become wet or soiled
    - clean area with good quality wipes or warm water and a cloth
    - apply barrier cream with every change of nappy or incontinence product
    - avoid soaps and powders (e.g. talcum)
- In addition, to prevent nappy rash:
    - wash and rinse all cloth nappies thoroughly
    - avoid using plastic pants
    - maximise nappy free time

Cutaneous candidiasis





Images source: DermNet

Infant Candida Infection



Image source: DermNet

Note: rashes and skin conditions can appear different on black or brown skin.

Treatment

CUTANEOUS CANDIDIASIS TREATMENT TABLE

TOPICAL TREATMENT

1st choice options

Drug	Dose	Duration	Notes
Clotrimazole 1% cream	**Neonates, infants, children and adults**: Apply to the affected area every 8 to 12 hours	4-6 weeks	To prevent relapse, treatment should be continued for at least 14 days after the disappearance of all signs of infection.
OR Miconazole 2% cream	**Neonates, infants, children and adults:** Apply to affected area every 12 hours	2-6 weeks	Continue for 7 – 10 days after legions have healed. Contains benzoic acid which may increase jaundice in newborn babies (up to 4 weeks old) because absorption through the immature skin of neonates is significant. In patients on warfarin, caution should be exercised and anticoagulant effect should be monitored.

CUTANEOUS CANDIDIASIS TREATMENT TABLE

2nd choice options (for adults)

Systemic treatment for adults (reserved for recurrent cutaneous candidiasis)

Drug	Dose	Duration	Notes
Fluconazole**	Adults: 150 mg once weekly	2 to 4 weeks	Recurrent cutaneous candidiasis (as distinct from genital candidiasis) should be referred. See genital candidiasis guideline for recurrent vulvovaginal candidiasis. Use with caution in patients with hepatic dysfunction. Avoid fluconazole (and all oral azoles) in pregnancy. See HPRA caution in women of childbearing potential** Check for drug interactions
OR Fluconazole**	Adults: 50 mg every 24 hours	2 to 4 weeks	

**Women of childbearing potential, for whom fluconazole is prescribed, should be informed of the potential risks to the foetus:
• After single dose treatment, a washout period of one week is recommended before pregnancy.
• For longer courses of treatment appropriate contraception should be considered throughout the treatment period and for one week after the final dose.

CANDIDA SKIN INFECTION (CUTANEOUS CANDIDIASIS) V3.0

Patient Information

- https://www2.hse.ie/medicines/antifungal-medicines/
- https://www2.hse.ie/conditions/nappy-rash/