DERMATOPHYTE SKIN INFECTIONS V2.0
(TINEA CORPORIS, TINEA CRURIS, TINEA PEDIS, TINEA MANUM)

Comments from the Expert Advisory Group

Definitions:
Tinea corporis – Infection of body surfaces (other than the feet, groin, face, scalp hair, or beard hair)
Tinea cruris – Infection of the groin
Tinea pedis – Infection of the foot
Tinea manum – Infection of the hand (usually unilateral; if bilateral, usually asymmetrical)

NB: **Tinea incognito** — inappropriate use of topical corticosteroids can lead to extensive spread of fungal infection, and a change in the morphology of lesions.

For guidance on when to perform skin scrapings, see section below treatment table.

Risk factors include:
- Hot / humid environments
- Wearing tight-fitting clothing
- Obesity
- Hyperhidrosis

Immunocompromised states may lead to severe, resistant or extensive disease.

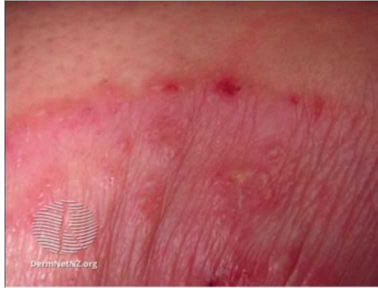
Children with tinea pedis: consider referral to secondary care.

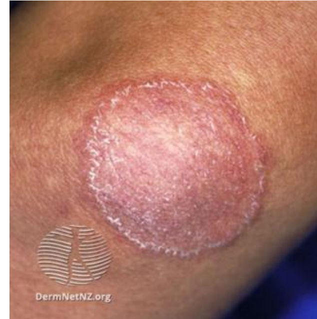
Self-care management strategies:

- Wear loose-fitting clothes
- Maintain good hygiene by washing affected skin areas daily
- After washing dry thoroughly, especially in the skin folds.
- Avoid scratching affected skin, as this may spread infection to other sites
- Do not share towels, and wash them frequently, to reduce the risk of transmission
- For tinea pedis put on socks prior to underwear to reduce risk of fungal carriage to the groin.
- Wash clothes and bed linen frequently to eradicate fungal spores.

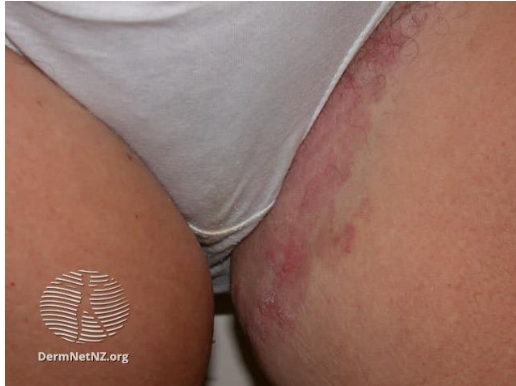
DERMATOPHYTE SKIN INFECTIONS V2.0
(TINEA CORPORIS, TINEA CRURIS, TINEA PEDIS, TINEA MANUM)

Tinea corporis: Sharp red scaly margin of tinea corporis
Image source: DermNet

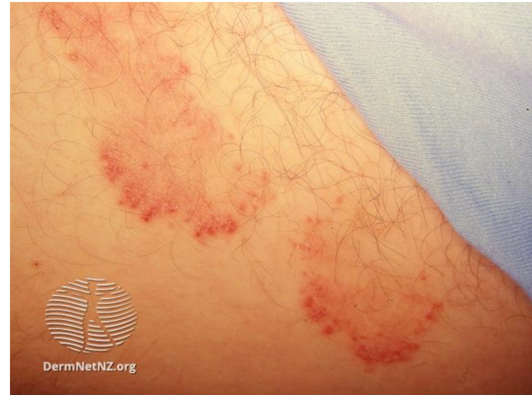




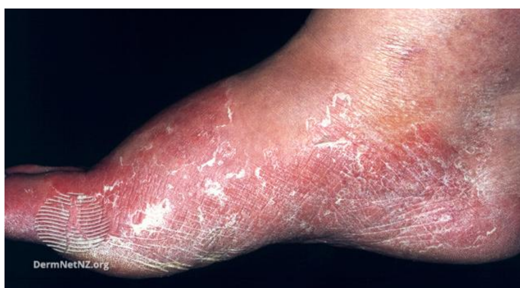
Tinea cruris: Unilateral rash in the groin
Image source: DermNet

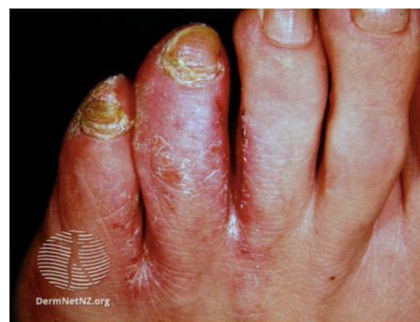


Tinea cruris: Raised border and central clearing



Tinea pedis
Image source: Dermnet





DERMATOPHYTE SKIN INFECTIONS V2.0 (TINEA CORPORIS, TINEA CRURIS, TINEA PEDIS, TINEA MANUM)

Treatment

Dermatophyte skin infections (tinea corporis, tinea cruris, tinea pedis, tinea manum) can often be cured with topical therapy alone.

Systemic therapy is generally reserved for severe or refractory infection, or in immunocompromised patients

DERMATOPHYTE SKIN INFECTIONS (tinea corporis, tinea cruris, tinea pedis, tinea manum)			
Drug	**Application frequency**	**Duration**	**Notes**
Terbinafine 1% cream	Apply to the affected area every 12 hours	1-2 weeks Tinea pedis – 2 weeks	Not recommended for children under 12 years as insufficient data on safety.
OR Clotrimazole 1% cream	Apply to the affected area every 8 to 12 hours	4-6 weeks	First choice for tinea cruris and *Candida* skin infection. To prevent relapse, treatment should be continued for at least two weeks after the disappearance of all signs of infection.
OR Miconazole 2% cream	Apply to affected area every 12 hours	2 – 6 weeks	Continue for 7 – 10 days after lesions have healed.

When to take samples:
Note: sensitivity is not 100% , approximately 1 in 3 samples will return a false negative result for fungal infection.
Take samples for fungi:

- in severe or extensive skin fungal infections
- skin infections refractory to initial treatment when the diagnosis is uncertain

Skin sampling instruction

- Swabs are of little value for dermatophytes, unless there is insufficient material obtained by scraping
- Wipe off any treatment creams before sampling
- Keep any samples at room temperature. Do not refrigerate as dermatophytes are inhibited at low temperatures, and humidity facilitates the growth of contaminants
- Samples should be collected into folded dark paper squares. Secure dark paper squares with a paper clip and place in a plastic bag, or use commercially available fungal packets

Skin scrapings

- scrape skin from the advancing edge of lesion; use a blunt scalpel blade or similar
- 5mm^2 of skin flakes are needed for microscopy and culture