



FUNGUS INFECTIONS

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Tinea is the name given to a fungal skin infection. Most people will develop some resistance to skin fungus after being infected. Others appear to have a susceptibility to fungal infections. Sometime the susceptibility will run in the family.

Tinea Pedis (Athlete's foot)

This is the most common type of fungal infection and only affects humans. It is spread by direct contact, most often through bare feet in bathrooms and health clubs. Leather or plastic footwear that doesn't "breathe" encourages tinea pedis. It is rare in children.

In most cases, the skin becomes white, soft and peels away between the toes (especially between the fourth and little toes). It may infect the sole of the foot resulting in peeling, scaling, itching and sometimes blistering. Only one, or both feet may be involved.

Onychomycosis (Tinea unguium, nail fungus)

Toenail infection is usually associated with tinea pedis. It is very difficult to eradicate. Often the great toenail is the first to show signs, especially if it has been injured. The nail yellows, and after years thickens and breaks easily. Fingernail infections are similar, but less common.

Tinea Cruris (Jock itch)

Some subjects with tinea pedis also develop a rash in the groin (tinea cruris), especially if they tend to sweat a lot. It is common and affects men more often than women. It has an itchy spreading red border.

Tinea Corporis (Ringworm)

Tinea corporis is the name given to a fungus infection of the skin that is not one of the other ones listed here. It may be spread from person to person, from contact with an infected animal, most often a cat, or from exposure to fungus in the soil. Itchy red scaly patches come up anywhere the animal has rubbed. They often develop into a ring. This kind of tinea usually clears up with appropriate creams. If due to an animal, even if it has no signs of a skin problem it will need treatment too.

Tinea Capitis (Scalp ringworm)

Tinea capitis usually occurs mostly in children and results in scaling and patchy hair loss. It is epidemic in many African American communities. The scalp can look quite moth-eaten but with the right treatment the hair will grow back normally and will not result in permanent hair loss.

An exception may be a kerion; this is a very inflammatory tinea of the scalp and looks like a boil or abscess. It is hard to immediately confirm that the symptoms are due to tinea infection and to establish the identity of the infecting organism. This may be treated with prednisone to prevent permanent hair loss.

Treatment

Tinea infections can be treated by a variety of different medications. For tinea pedis, cruris, and corporis, creams such as Lamisil-AT and Micatin AF can be bought over the counter at a pharmacy. Prescription creams are stronger, faster and require fewer applications. Sometimes oral medications are necessary. These are very effective, and include **griseofulvin** (Grispeg, Fulvicin), **terbinafine** (Lamisil), **itraconazole** (Sporonox), and **fluconazole** (Diflucan). Tinea capitis, tinea unguium and chronic tinea pedis are difficult to eradicate completely and require oral treatment.

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Prevention

People with tinea pedis should discourage further growth of the fungus by keeping their feet as dry as possible. Wear open-toed sandals whenever possible, avoid boots, dry carefully after washing, and use an antifungal foot powder (Zeasorb-AF) daily. See "**Fungal Infections: Preventing Recurrence**"

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