

	cultures (blood, cerebrospinal fluid, bone marrow); tissue biopsy Chronic or recurrent often seen with human immunodeficiency virus (HIV) infection and immunocompromised child	amphotericin, voriconazole, micafungin Treat skin lesions with topical nystatin, miconazole, clotrimazole, ketoconazole, econazole, or ciclopirox (American Academy of Pediatrics, 2015) Vulvovaginal: Clotrimazole, miconazole, butoconazole, terconazole, and tioconazole used topically (American Academy of Pediatrics, 2015)	Pediatrics, 2015) for treatment
--	--	---	--

Dermatophytoses are designated by the Latin word *tinea*, with further designation relating to the area of the body where they are found (e.g., tinea capitis [ringworm of the scalp]) ([Fig. 6-12, A](#)). Dermatophyte infections are most often transmitted from one person to another or from infected animals to humans. Fungi exert their effect by means of an enzyme that digests and hydrolyzes the keratin of hair, nails, and the stratum corneum. Dissolved hair breaks off to produce the bald spots characteristic of tinea capitis. In the annular lesions the fungi principally appear in the edge of the inflamed border as they move outward from the inflammation. Diagnosis is made from microscopic examination of scrapings taken from the advancing periphery of the lesion, which almost always produces a scale.



FIG 6-12 A, Tinea capitis. B, Tinea corporis. Both infections are caused by *Microsporum canis*, the