		of lesion Topical antifungals with high-potency steroids are not recommended as they may lead to further infection and have local and systemic side effects (American Academy of Pediatrics, 2015)	
Tinea cruris ("jock itch"): *Epidermophyton floccosum, T. rubrum, T. mentagrophytes*	Skin response similar to that in tinea corporis Localized to medial proximal aspect of thigh and crural fold; may involve scrotum in males Pruritic Diagnosis: Same as for tinea corporis	Local application of tolnaftate liquid; terbinafine, clotrimazole, ciclopirox twice daily for 2 to 4 weeks	Rare in preadolescent children Health education regarding transmission via person-to-person (direct or indirect) Occurs in close association with tinea pedis and tinea unguium
Tinea pedis ("athlete's foot"): *T. rubrum, Trichophyton interdigitale, E. floccosum* Tinea unguium: Nail infection	On intertriginous areas between toes or on plantar surface of feet Lesions vary: • Maceration and fissuring between toes • Patches with pinhead-sized vesicles on plantar surface Pruritic Diagnosis: Direct microscopic examination of scrapings	Local application of terbinafine, ciclopirox or clotrimazole, or miconazole, or ketoconazole Oral itraconazole, terbinafine or griseofulvin for severe infections or those which do not respond to topical Acute infections: Compresses or soaks with Burrow solution (1 : 80) (American Academy of Pediatrics, 2015) Elimination of conditions of heat and perspiration by use of clean, light socks and well-ventilated shoes; avoidance of occlusive shoes	Most frequent in adolescents and adults; rare in children, but occurrence increases with wearing of plastic shoes Common in locations such as showers, locker rooms, and swimming pools where fungi proliferate
Candidiasis (moniliasis): *Candida albicans*	Grows in chronically moist areas Inflamed areas with white exudate, peeling, and easy bleeding Pruritic Diagnosis: Characteristic appearance; microscopic identification of scrapings; candidemia diagnosed from	Neonates-thrush-oral nystatin Older children, clotrimazole troches applied to lesions (American Academy of Pediatrics, 2015) Fluconazole or itraconazole for immunocompromised Esophagitis: Treat with oral or intravenous (IV) fluconazole or itraconazole; IV	Common form of diaper dermatitis Oral form common in infants (see Chapter 8) Vaginal form in females Disseminated disease in very low birthweight infants and immunosuppressed children; see *2015 Red Book: Report of the Committee on Infectious Diseases* (American Academy of