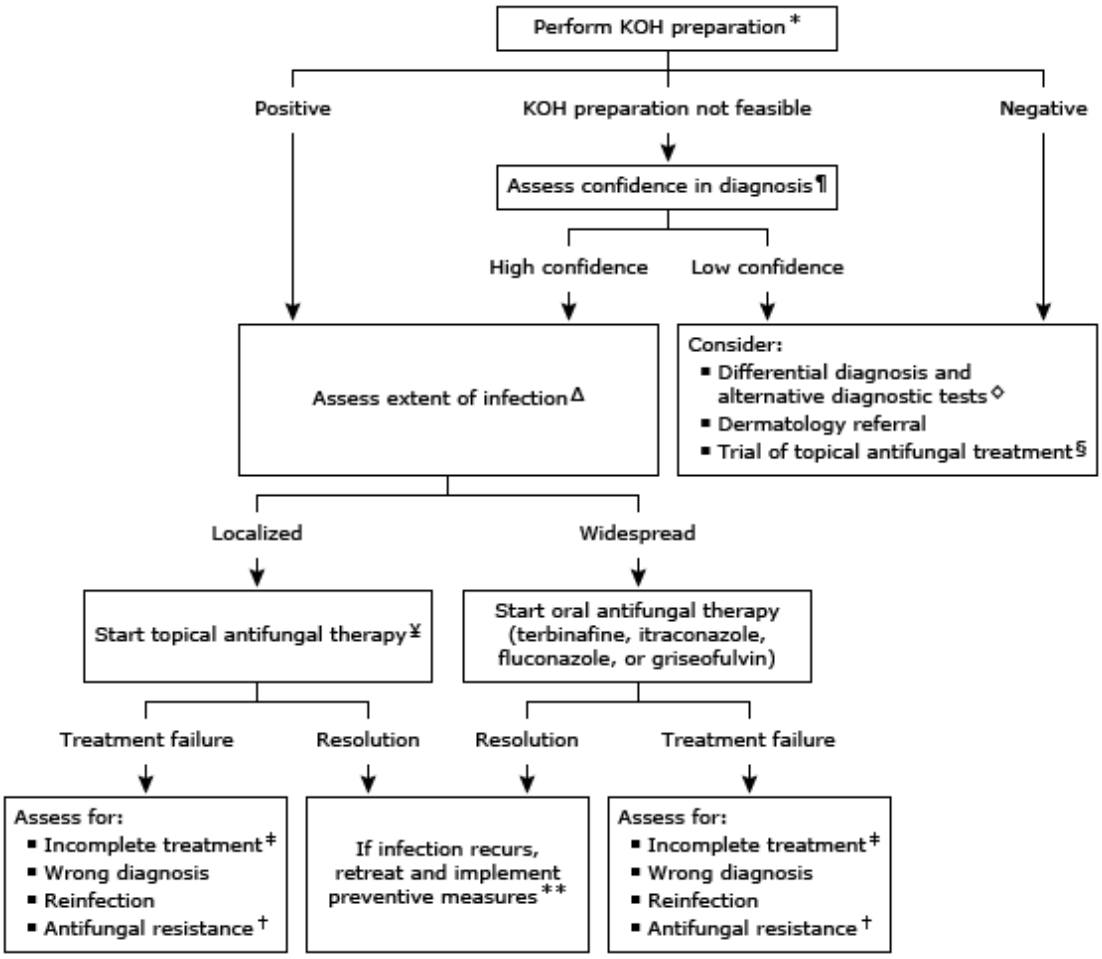
Approach to the treatment of tinea pedis, tinea corporis, and tinea cruris



KOH: potassium hydroxide.

* Diagnostic accuracy of a KOH preparation is influenced by factors such as clinician experience and collection of an adequate specimen.

¶ The recognition of classic physical findings supports high confidence in the clinical diagnosis. Refer to UpToDate topics on dermatophyte (tinea) infections for classic clinical findings.

Δ Localized infection may be considered infection limited to a single body area (eg, feet) or limited skin involvement for which topical application would be feasible.

◇ Fungal culture is an alternative method of confirming fungal infection; however, results may not be available for a few weeks. The differential diagnosis determines the need for skin biopsy or other diagnostic tests.

§ A trial of antifungal therapy may be reasonable for patients with limited skin involvement while awaiting other diagnostic tests or referral. Patients given a trial of topical antifungal therapy should be reassessed for improvement within a few weeks.

¥ Topical therapy with antifungal agents such as azoles, allylamines, butenafine, ciclopirox, tolnaftate, or amorolfine is effective. Nystatin is not effective for dermatophyte infections.

‡ Patients who find topical therapy challenging may benefit from oral antifungal treatment.

† Emerging resistance of dermatophytes to antifungal therapies may account for some treatment failures. However, availability of susceptibility testing is limited, and the prevalence of resistance varies.

** Refer to UpToDate topics on dermatophyte (tinea) infections for details on preventive measures.

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