

# MYCOPEDIA

## ATLAS ON TINEA INFECTIONS



Zydus  
Liva

In Tinea Infections

# Mycoclear

Itraconazole 100mg/200mg

Assured quality for better patient outcomes

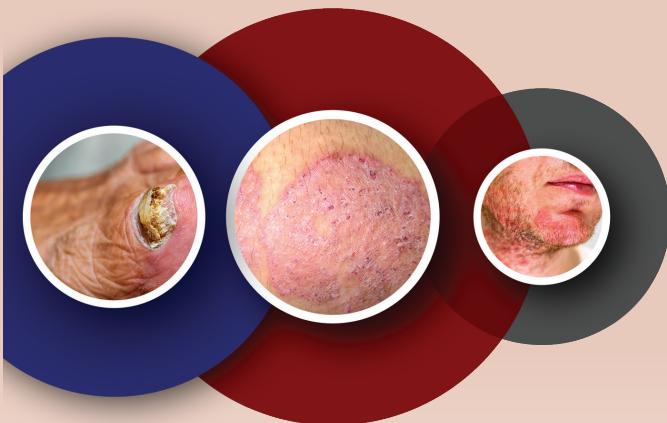
Uniform pellet size | No dummy pellets | No loose powder

Time to Clear Recurrent Tinea cruris/corporis

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Atlas on **TINEA** infections

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# **TINEA CORPORIS**



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## OVERVIEW

- A superficial fungal skin infection of the body caused by dermatophytes
- Also known as ringworm. Most commonly caused by *Trichophyton* or *Microsporum* fungus

## CLASSICAL PRESENTATION

- Red circular patch (ring shape) on body with clear center and raised scaly border
- Lesions can be located on trunk, neck, arms, and legs
- Rashes are commonly itchy.\* Lesions can be asymmetrically distributed\*
- Spreads rapidly with close body contact\*

## TREATMENT

- Topical antifungals should be applied on the skin lesions for at least 1-2 weeks after lesions disappear
- For patients who do not respond or if lesions are extensive, oral systemic antifungal drugs should be used. Additionally, skin should be clean, dry and loose fitting clothes should be advised.

### TOPICAL ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
Clotrimazole	1% cream/ointment/solution applied topically BD
Ketoconazole	2% cream/shampoo/gel/foam applied OD
Miconazole	2% cream/ointment/solution/lotion/powder applied BD
Naftifine	1% cream, applied OD or 1% or 2% gel BD
Terbinafine	1% cream/gel/spray solution OD or BD

### SYSTEMIC ANTIFUNGAL DRUGS

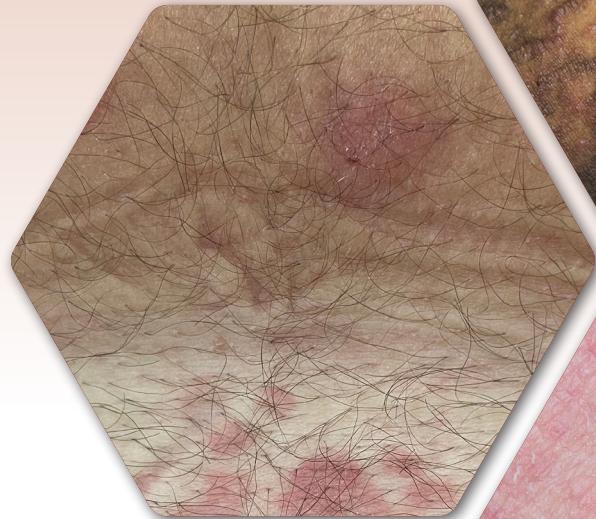
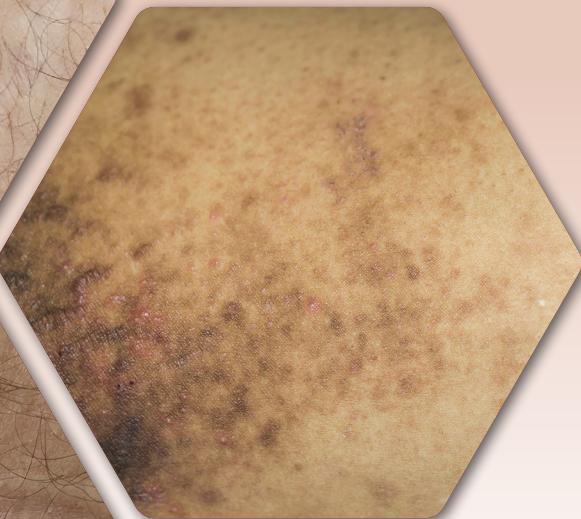
Antifungal drugs	Dosage
Itraconazole	100 mg OD for 2 weeks or 200 mg OD for one week
Terbinafine	250 mg orally OD for two weeks
Fluconazole	150-200 mg once weekly or 50-100 mg/day for 2-4 weeks
Griseofulvin	500-1000 mg OD for 2-4 weeks

\*Features that differentiate it from other disorders with similar presentation

## REFERENCES

1. Leung AK, Lam JM, Leong KF, Hon KL. Tinea corporis: an updated review. Drugs Context. 2020;9:5-6.
2. Yee G, Al Aboud AM. TineaCorporis. [Updated 2022 Apr 30]. In: StatPearls [Internet]. Treasure Island (FL); StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK544360>. Accessed on 01.08.2022.

# **TINEA CRURIS**



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## OVERVIEW

- Also referred to as jock itch
- A superficial fungal infection of the groin and upper thighs
- Caused by *Trichophyton*, *Epidermophyton*, and *Microsporum*
- Predominantly seen in male teenagers and adults
- More prevalent in hot and humid regions.

## CLASSICAL PRESENTATION

- Present as sharply marginated, erythematous plaques, pustules, or vesicles
- Itching or burning sensation may be severe
- Excessive physical activity, chafing, and wearing tight clothing may all lead to the development of tinea cruris.

## TREATMENT

- Apply topical antifungal medications to the weeping region and dry them with Burow solution compresses
- Nystatin powder is beneficial due to its anti-infective and drying properties

### TOPICAL ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
<b>Allylamines</b> Terbinafine, butenafine, naftifine	QD or BID for two to four weeks
<b>Azoles</b> Clotrimazole, ketoconazole, miconazole, sulconazole, oxiconazole, econazole	QD or BID for two to four weeks
<b>Newest medication</b> Topical azole, luliconazole	Once a day for a week

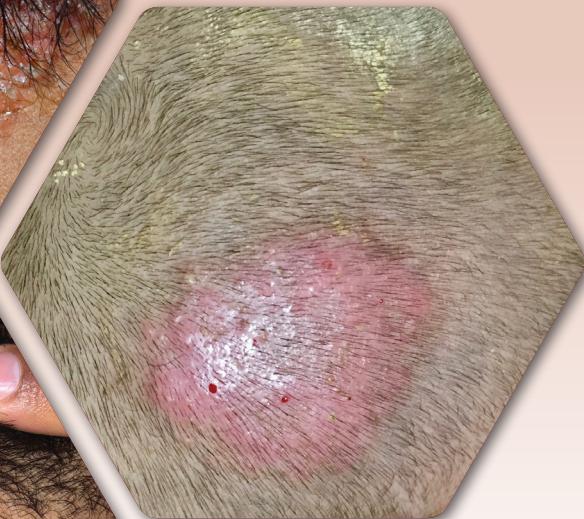
### SYSTEMIC ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
Itraconazole	200 mg for 1-2 weeks
Terbinafine	250 mg OD for 2-3 weeks
Griseofulvin	500 mg daily for 4-6 weeks

## REFERENCES

1. Pippin MM, Madden ML, Das M. Tinea Cruris. [Updated 2022 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554602/>.
2. Tinea Cruris. Available at: <https://www.sciencedirect.com/topics/medicine-and-dentistry/tinea-cruris>. Accessed on: 04/08/2022.
3. Sahoo AK, Mahajan R. Management of tinea corporis, tinea cruris, and tinea pedis: A comprehensive review. *Indian Dermatol Online J*. 2016;7(2):77-86.

# **TINEA CAPITIS**



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## OVERVIEW

- Also known as ringworm of the hair, or herpes tonsurans infection
- Infection of the scalp hair caused by *Microsporum* and *Trichophyton*
- Most frequently seen in children
- Predominantly seen in hot and humid climates.

## CLASSICAL PRESENTATION

- Range from mild scaling with little hair loss to massive inflammatory and pustular plaques with significant alopecia
- May also involve the eyelashes and eyebrows
- Can present clinically in three most common forms:
  - » Black dot: It is the infection with a fracture of the hair
  - » Kerion: It is characterized by inflammation and scarring alopecia
  - » Favus: It presents with deep-seated oozing nodules, abscess, crusting, or scutula.

## TREATMENT

- Topical antifungal therapy has little role in the treatment of tinea capitis
- It is primarily treatable with systemic antifungal medications.

### SYSTEMIC ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
Itraconazole	2–4 mg/kg/day for 4–6 weeks
Griseofulvin	10 mg/kg for 6–8 weeks
Terbinafine	<10 kg: 62.5 mg, 10–20 kg: 125 mg, >20 kg: 250 mg daily for 4 weeks

## REFERENCES

1. Al Aboud AM, Crane JS. Tinea Capitis. [Updated 2022 May 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK536909/>. Accessed on: 04/08/2022.
2. Hay RJ. Tinea Capitis: Current Status. *Mycopathologia*. 2017;182(1-2):87-93.

## ONYCHOMYCOSIS



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## OVERVIEW

- Fungal infection of the nail unit
- Predominantly caused by *Trichophyton rubrum*, *Trichophyton mentagrophytes* and *Epidermophyton floccosum*

## CLASSICAL PRESENTATION

- White or yellow-brown discoloration of the nail
- Violaceous, green, and black discoloration of the nail plate
- Subungual hyperkeratosis
- Thickening of the nail plate
- Dermatophytoma appears as a single or several white, yellow, orange, or brown band on the nail plate

## TREATMENT

- Oral antifungal agents are recommended for all types, including the following:
  - » When ≥50% of the nail is affected
  - » Multiple nails are infected
  - » Nail matrix is involved
- Oral antifungals curing rate increases when used in combination with topical antifungals.

### TOPICAL ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
Efinaconazole	10% nail solution
Tavaborole	5% nail solution

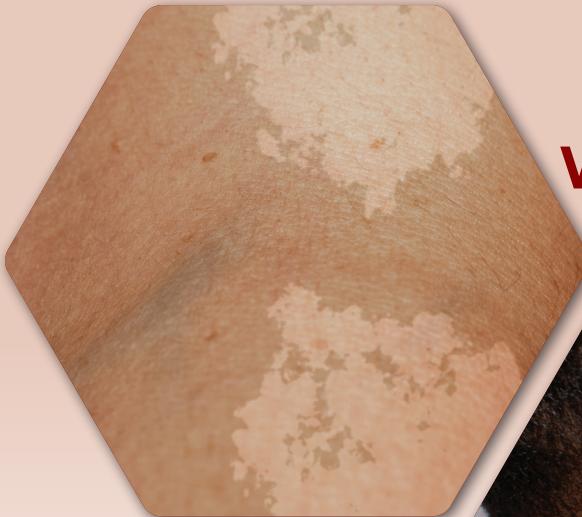
### SYSTEMIC ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
Itraconazole	<b>Children:</b> <20 kg, 5 mg/kg daily; 20-40 kg, 100 mg daily; >40 kg, 200 mg daily for 1 week/month <b>Adults:</b> 200 mg daily for 1 week/month for 3-6 months
Terbinafine	<25 kg, 125 mg once daily 25-35 kg, 187.5 mg once daily >35 kg, 250 mg once daily

## REFERENCES

1. Leung AKC, Lam JM, Leong KF, Hon KL, Barankin B, Leung AAM, Wong AHC. Onychomycosis: An Updated Review. *Recent Pat Inflamm Allergy Drug Discov.* 2020;14(1):32-45.
2. Bodman MA, Krishnamurthy K. Onychomycosis. [Updated 2022 May 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK441853/>. Accessed on: 5/08/2022.

# **TINEA VERSICOLOR**



### OVERVIEW

- Also referred as pityriasis versicolor
- It is a common, benign, superficial fungal infection of the skin
- Caused by *Malassezia*, a dimorphic lipophilic fungus
- It belongs to *Malassezia*-related diseases.

### CLASSICAL PRESENTATION

- Multiple, well-demarcated, oval, finely scaling patches or plaques
- Hyperpigmented or hypopigmented finely scaled macules
- Seborrheic areas are predominantly involved such as trunk, neck, and proximal extremities
- Face may also get affected in children

### TREATMENT

- Can be effectively treated with topical and systemic agents
- Topical medications are considered the first-line therapy
- Improve mildly in cool or dry weather.

#### TOPICAL ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
Ketoconazole	<b>As a cream:</b> Twice daily for 15 days <b>Foaming solution:</b> Single dose for 15 days

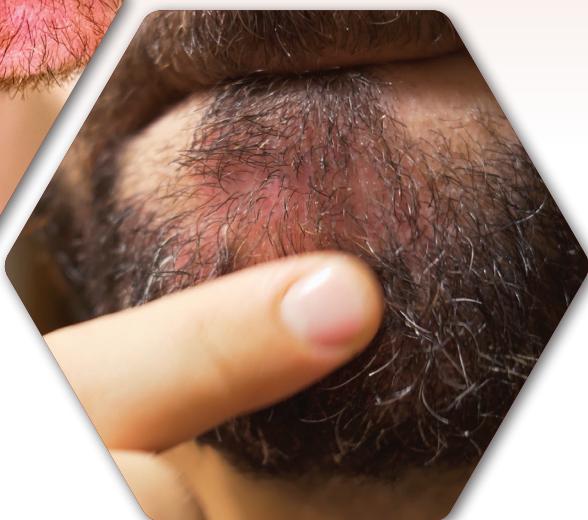
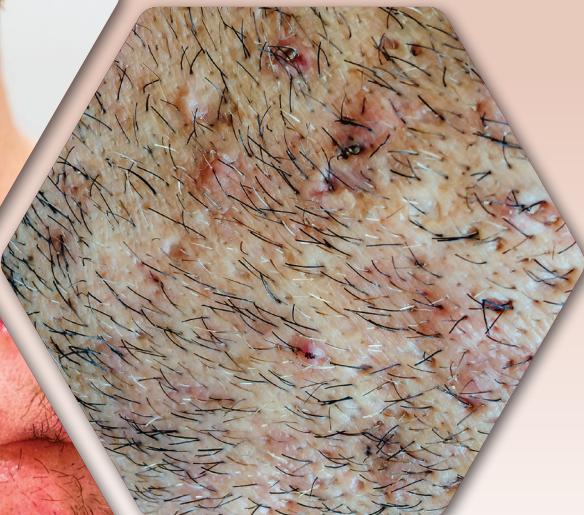
#### SYSTEMIC ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
Itraconazole	200 mg daily for seven days
Fluconazole	150-300 mg weekly dose for 2-4 weeks

### REFERENCES

1. Karray M, McKinney WP. Tinea Versicolor. [Updated 2021 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL); StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482500/>. Accessed on: 5/08/2022.
2. Gupta AK, Foley KA. Antifungal Treatment for Pityriasis Versicolor. *J Fungi (Basel)*. 2015;1(1):13-29.

## **TINEA BARBAE**



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Atlas on **TINEA** infections

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## OVERVIEW

- A superficial fungal infection of the skin, hair, and hair follicles
- A uncommon dermatophyte infection
- Mostly affects the beard and moustache
- Frequently caused by *Trichophyton verrucosum*, *Trichophyton mentagrophytes*, and *Trichophyton rubrum*

## CLASSICAL PRESENTATION

- Clinically, there are two distinct morphologies:
  - » **Inflammatory:** It produces a distinctive lesion known as kerion
  - » **Non-inflammatory:** It is a pruriginous superficial dermatophytosis that appears as a diffusely erythematous squamous plaque with perifollicular pustules and papules

## TREATMENT

- Oral antifungal medication is the mainstay of tinea barbae treatment
- Topical agents are permissible, but only as an additional treatment.

### SYSTEMIC ANTIFUNGAL DRUGS

Antifungal drugs	Dosage
Itraconazole	100 mg once a day
Terbinafine	125-250 mg once a day
Ketoconazole	200-400 mg a day
Fluconazole	200 mg once a day

## REFERENCES

1. Kuruvella T, Pandey S. Tinea Barbae. [Updated 2021 Sep 28]. In: StatPearls [Internet]. Treasure Island (FL); StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK563204/>. Accessed on: 5/08/2022.

In Tinea cruris/Tinea corporis

# Mycoclear SB 65 & 130

Itraconazole 65 & 130 mg



 Improved Bioavailability / Predictability / Convenience

\*Data on file

 Passi HealthCom

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