

Tinea





SYMPTOMS AND TREATMENT OF TINEA

Tinea is a fungal infection caused by dermatophytes, which grow and spread in dead keratin on the skin, nails and hair. Tinea pedis — commonly known as athlete's foot —thrives on hot and sweaty feet, making athletes prone to the condition, however the hot climate in many regions of Australia makes tinea pedis common in the general population as well. Fungal infections are spread by contact. Sports changing rooms are one of the main breeding grounds for tinea as the flooring is often wet and people walk around with bare feet. The moisture on the floor carries infected patches of skin from one foot to the next.

Symptoms

- Tinea can be confused with dermatitis and other fungal infections, so
 close examination of the rash and microscopy of skin and nail scrapings
 is recommended to confirm diagnosis. In very severe cases of tinea that
 is not responding to treatment, external lab analysis may be necessary to
 confirm the fungus involved and provide targeted therapies.
- When it affects the skin, the condition is often referred to as ringworm due to outward growth that creates a ring-like pattern.
- Tinea pedis usually affects the skin between the toes and the plantar surface of the foot, and will be macerated and erythematous.
- The skin between the toes may become dry and cracked or scaly, and in some cases, vesicles and pustules can form on the sensitive skin.
- Tinea pedis can lead to tinea unguium on the toenails, which will usually make the nails appear thick, discoloured, and they will become crumbly and breakable.
- Tinea unguium can cause onychomycosis.
- Symptoms may be prolonged in immunocompromised patients, however
 as dermatopytes confine themselves to the dead layer of skin and do not
 lead to deep tissue infection, it is unlikely that tinea will cause any serious
 complications. Secondary bacterial infections are more likely to cause
 complications than the initial dermatophyte infection.

Treatment

- Tinea pedis is generally a very manageable infection that will often go away of its own accord or with conservative treatment.
- If tinea develops into a noticeable rash often accompanied by an itch —antifungal creams in the imidazole family are effective in treating the condition.
- Alternative treatments include terbinafine (prescribed in adults only); clotrimazole or miconazole can be used for pregnant women.
- Tinea unguium responds to oral doses of terbinafine or itraconazole (in adults).
- Corticosteroids are unnecessary, although they may benefit patients suffering from inflammation.
- Patient education on hygiene practices to avoid tinea infection is recommended.



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