

## 16.12 Tinea Corporis (Ringworm)

DEFINITION	Tinea corporis refers to dermatophyte infections of the trunk, legs and arms, excluding the feet, hands and groin. Most commonly infection is spread from dermatophytic infection of the feet. Infection can also be acquired from an active lesion of an animal or, rarely, from soil. Occurs in all age groups. More common in warm climates.
SUBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. Often asymptomatic.</li><li>2. Mild pruritis.</li><li>3. Present weeks to months to years.</li></ol>
OBJECTIVE	<u>Must include:</u> <ol style="list-style-type: none"><li>1. Lesion is generally circular, erythematous, well-demarcated with a raised, scaly vesicular border.</li><li>2. Central area becomes hypopigmented and less scaly as the active border progresses outward.</li></ol> <u>May include:</u> <ol style="list-style-type: none"><li>1. Excoriations.</li></ol>
LABORATORY	<u>May include:</u> <ol style="list-style-type: none"><li>1. KOH - Hyphae found by microscopy.</li></ol>
ASSESSMENT	Tinea corporis
PLAN	<ol style="list-style-type: none"><li>1. Recommended regimens:<ol style="list-style-type: none"><li>a. Ketoconazole (Nizoral) to affected and surrounding area daily for at least 2 weeks;</li><li>b. Clotrimazole (Lotrimin or Mycelex) applied thinly and massaged into affected and surrounding area morning and evening for 2-4 weeks;</li><li>c. Miconazole nitrate (Micatin) applied sparingly BID for 2-4 weeks.</li></ol></li><li>2. No follow-up unless symptoms persist.</li><li>3. With application of topical medication, stress to patient the importance of applying medication 1 cm beyond or outside of the rash margin.</li><li>4. If found above the neck – refer to primary care provider.</li></ol>
PATIENT EDUCATION	<ol style="list-style-type: none"><li>1. Instruct client to keep areas dry and clean, wear cotton clothing, and change clothing frequently to prevent skin from becoming damp and moist.</li><li>2. Instruct client to wash towel and bedding more frequently while infected.</li><li>3. Instruct client to continue medication for intended duration of therapy even if signs and symptoms improve soon after starting treatment</li><li>4. Client will be given any written instructions available.</li><li>5. Offer STI/HIV information and screening as appropriate.</li></ol>
PHYSICIAN CONSULT/REFER	Refer if symptoms fail to respond to adequate topical therapy or if allergy or intolerance to antifungal agents.