

### 16.13 Tinea Cruris (Jock itch)

DEFINITION	Tinea cruris is a subacute or chronic dermatophytosis (fungus infection of the skin) of the groin, pubic regions and thighs, known also as “jock itch”. Onset in adults is males > females. May occur from months to years with long-standing history of tinea pedis or prior history of tinea cruris. Predisposing factors: warm, humid environments; tight clothing worn by men; obesity and possibly chronic glucocorticoid application.
SUBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. Scaly, pruritic rash - rash may be red, brown or tan</li><li>2. Papules and pustules may be present at margins</li></ol>
OBJECTIVE	<u>Must include:</u> <ol style="list-style-type: none"><li>1. Erythematous, scaling plaques found on the medial thighs, inguinal folds and pubic area, may extend to buttocks (scrotum and penis are rarely involved).</li><li>2. Margins are raised and sharply marginated.</li></ol> <u>May include:</u> <ol style="list-style-type: none"><li>1. Area that is dull red, tan, or brown in color.</li><li>2. Excoriations.</li></ol>
LABORATORY	<u>May include:</u> <ol style="list-style-type: none"><li>1. KOH – diagnosis confirmed by presence of hyphae</li></ol>
ASSESSMENT	Tinea Cruris
PLAN	<ol style="list-style-type: none"><li>1. Recommended regimens:<ol style="list-style-type: none"><li>a. Ketoconazole (Nizoral) to cover affected and immediate surrounding areas 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 (Micatin) nitrate applied sparingly BID for 2-4 weeks.</li></ol></li><li>2. No follow-up required, unless symptoms persist.</li></ol>
PATIENT EDUCATION:	<ol style="list-style-type: none"><li>1. STI/HIV information and screening as appropriate.</li><li>2. Instruct client to keep area clean and dry.</li><li>3. Instruct client to wear loose-fitting washed cotton underwear and change underwear daily or more often to keep the groin dry.</li><li>4. Instruct client to continue medication for intended duration of therapy, even if signs and symptoms improve soon after starting treatment.</li><li>5. With application of topical medication, stress to patient the importance of applying medication 1 cm beyond or outside of the rash margin.</li></ol>
PHYSICIAN CONSULT/REFER	Referral required if symptoms fail to respond to adequate topical therapy and/or allergy or intolerance to antifungal agents.