

13.3 TINEA CORPORIS (RINGWORM)

TITLE	DESCRIPTION
DEFINITION:	Tinea corporis refers to dermatophyte infections of the trunk, legs, and extremities. Tinea infection is acquired directly from contact with infected humans or animals or indirectly from exposure to contaminated soil or fomites. The clinical manifestations of dermatophyte infections vary by the infection site and the patient's immunologic response; genetic susceptibility may play a role in vulnerability to infection. Infections occurs in all age groups and are more common in high humidity, moist, warm climates. Because the common causes of tinea pedis are also common causes of tinea cruris, the two infections usually occur together.
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> Often asymptomatic. Mild pruritis. Present weeks to months to years.
OBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> Lesion is generally circular, erythematous, and well-demarcated with a raised, scaly vesicular border. Central area becomes hypopigmented and less scaly as the active border progresses outward. (Note: Central clearing may not occur with hydrocortisone use). <p>Assess as Indicated:</p> <ol style="list-style-type: none"> Excoriations.
LABORATORY:	<p>May Include:</p> <p>KOH – diagnosis confirmed by presence of hyphae.</p>
ASSESSMENT:	Tinea corporis.
PLAN:	<ol style="list-style-type: none"> Recommended regimens: <ol style="list-style-type: none"> Allylamine (naftifine and terbinafine and butenafine allylamine derivative) are a more costly yet more convenient treatment regimen. Ketoconazole (Nizoral) to affected and surrounding area daily for at least 2 weeks; Clotrimazole (Lotrimin or Mycelex) applied thinly and massaged into affected and surrounding area morning and evening for 2-4 weeks; Miconazole nitrate (Micatin) applied sparingly BID for 2-4 weeks. No follow-up required, unless symptoms persist. With application of topical medication, stress to client the importance of applying medication 2 cm beyond or outside of the rash margin. Topical treatment is often sufficient to cure tinea corporis, although oral medications can be used for patients with severe infection or for infections that do not respond to topical therapy.
EDUCATION:	<ol style="list-style-type: none"> Instruct client to keep areas dry and clean, wear cotton clothing, and change clothing frequently to prevent skin from becoming damp and moist.

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	<ol style="list-style-type: none">2. Instruct client to wash towels and bedding more frequently while infected.3. Instruct client to continue medication for intended duration of therapy even if signs and symptoms improve soon after starting treatment.4. Offer STI/HIV information and screening as appropriate.
REFERRAL TO MEDICAL PROVIDER:	Refer if symptoms fail to respond to adequate topical therapy or if allergy or intolerance to antifungal agents.
REFERENCES:	<ol style="list-style-type: none">1. Andrews, MD, Burns, M, <i>Common Tinea Infections in Children. Am Fam Physician.</i> May 2008, Vol 77, Num 10; PP 1415-1420.2. Leshner J Jr, Elston DM. <i>Tinea Corporis. Medscape.</i> Updated Aug 8, 2016.