

**13.4 TINEA CRURIS (JOCK ITCH)**

TITLE	DESCRIPTION
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”. Tinea cruris (jock-itch) is the second most common clinical presentation for dermatophytosis. 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.
SUBJECTIVE:	<b>May Include:</b> <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:	<b>Must Include:</b> <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> <b>Assess as Indicated:</b> <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:	<b>May Include:</b> KOH – diagnosis confirmed by presence of hyphae.
ASSESSMENT:	Tinea Cruris.
PLAN:	<ol style="list-style-type: none"> <li>1. Assess client’s feet for possible initial source of tinea cruris.</li> <li>2. Recommended regimens: <ol style="list-style-type: none"> <li>a. Allylamine (naftifine and terbinafine and butenafine allylamine derivative) are a more costly yet more convenient treatment regimen.</li> <li>b. Ketoconazole (Nizoral) to cover affected and immediate surrounding areas daily for at least 2 weeks;</li> <li>c. Clotrimazole (Lotrimin or Mycelex) applied thinly and massaged into affected and surrounding area morning and evening for 2-4 weeks;</li> <li>d. Miconazole (Micatin) nitrate applied sparingly BID for 2-4 weeks.</li> </ol> </li> <li>3. No follow-up required, unless symptoms persist.</li> <li>4. With application of topical medication, stress to client the importance of applying medication 2 cm beyond or outside of the rash margin.</li> </ol>
EDUCATION:	<ol style="list-style-type: none"> <li>1. Instruct client to keep area clean and dry.</li> <li>2. Instruct client to wear loose-fitting washed cotton underwear and change underwear daily or more often to keep the groin dry.</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. Offer STI/HIV information and screening as appropriate.</li> </ol>

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REFERRAL TO MEDICAL PROVIDER:	Referral required if symptoms fail to respond to adequate topical therapy and/or allergy or intolerance to antifungal agents.
REFERENCES:	<ol style="list-style-type: none"><li data-bbox="488 348 1435 407">1. Andrews, MD, Burns, M, <i>Common Tinea Infections in Children</i>. <i>Am Fam Physician</i>. May 2008, Vol 77, Num 10; PP 1415-1420.</li><li data-bbox="488 407 1308 438">2. Healthline; <a href="http://healthline.com/health/jock-itch">Jock Itch</a> (healthline.com/health/jock-itch.) (Retrieved 8/17).</li></ol>