

RINGWORM

(Tinea)

NOLENSVILLE FAMILY MEDICINE

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BASIC INFORMATION

DESCRIPTION

Fungal (tinea) infection of the skin. Ringworm can involve the scalp (tinea capitis), skin (tinea corporis), groin skin (tinea cruris), nails (tinea unguium), feet (tinea pedis), and skin with beard (tinea barbae). It affects children and adults and is more common in males than females.

FREQUENT SIGNS AND SYMPTOMS

- Lesions (sores) that itch (sometimes).
- On the scalp—lesions cause patchy hair loss and scaling scalp.
- On body skin—lesions are red, circular, flat, scaling, and have well-defined borders.
- On the bearded area of the face—lesions cause an itchy, scaling rash under the beard.
- On the feet—in the skin between the toes, a soft scaling (may be blistered), itchy rash.
- Of the nails—thickened, yellow, dull nails with crusting at the free edge.

CAUSES

Fungal infection with one or more of 5 different fungi. They are found almost everywhere. Transmission is by person-to-person contact or by contact with infected surfaces, such as towels, shoes, or shower stalls. Worms have nothing to do with the infection.

RISK INCREASES WITH

- Crowded living conditions.
- Contact with infected persons or animals.
- Daycare centers or schools.
- Weak immune system due to illness or drugs.
- Chronic moisture and irritation of the skin.
- Warm, humid climates.

PREVENTIVE MEASURES

- The fungi are so prevalent that total prevention is impossible. To reduce risk:
 - Get treatment for pets that have skin problems.
 - Carefully dry feet after bathing in a tub or shower or after swimming. Apply antiperspirant to your feet if they perspire excessively.
 - Good personal hygiene.
 - Don't share headgear (hats, combs, brushes).
 - Avoid tight shoes or underwear that may rub or irritate the skin.

EXPECTED OUTCOMES

Usually curable with treatment. It may take weeks to months depending on the location. Recurrence is common and ringworm becomes chronic in 20% of cases.

POSSIBLE COMPLICATIONS

Bacterial infection of ringworm lesions.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- In most cases, self-treatment is all that is needed. See your health care provider if self-care does not help.
- Your health care provider can usually diagnose the disorder by an exam of the affected skin. Medical tests may include microscopic exam of skin scrapings and exam with ultraviolet light (Wood's lamp) for ringworm on the scalp.
- Treatment is usually with topical drugs. Other specific care depends on location of infection.
- For infection on the body: Carefully launder all clothing, towels, or bed linens that have touched the lesions.
- Keep the skin dry. If the area is red, swollen, and weeping, use compresses made of 1 teaspoon salt to 1 pint water. Apply 4 times a day for 2 to 3 days before starting the local antifungal medication.
- For infection of the scalp, shampoo the hair daily.
- For infected feet, expose feet to air whenever possible. Wear sandals or leather shoes, wear cotton socks. Wash and dry your feet at least twice a day.
- For an infected beard, let the beard grow. If necessary to shave, use an electric shaver and not a blade.
- For nail infection, keep nails short.

MEDICATIONS

- Use topical antifungal drugs in the form of creams, lotions, or ointments. Treatment may continue after symptoms clear up to help prevent a recurrence.
- In widespread infections or nail infections, an oral antifungal may be prescribed.
- Topical steroids may be prescribed for itching or inflammation.
- Antibiotics may be prescribed for a bacteria infection.

ACTIVITY

No limits.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of ringworm.
- Lesions become redder, painful, and ooze pus.
- Symptoms don't improve in 3 or 4 weeks.

Special notes:

More notes on the back of this page