

Patient Information for Tinea corporis in Infant/Neonate/Child/Adult

Overview

Tinea infections are commonly called ringworm because some may form a ring-like pattern on affected areas of the body. Tinea corporis, also known as ringworm of the body, tinea circinata, or simply ringworm, is a surface (superficial) fungal infection of the skin. Ringworm may be passed to humans by direct contact with infected people, infected animals, contaminated objects (such as towels or locker room floors), or the soil.

There are several kinds of ringworm, including:

- Majocchi's granuloma, a deeper fungal infection of skin, hair, and hair follicles. It is most common in women who shave their legs.
- Tinea corporis gladiatorum, a special name given to tinea corporis spread by skin-to-skin contact between wrestlers.
- Tinea imbricata, a form of tinea corporis seen in Central and South America, Asia, and the South Pacific.

Who's At Risk

Ringworm may occur in people of all ages, of all races, and of both sexes.

People who are more likely to develop ringworm include:

- Children
- Women of child-bearing age who come into contact with infected children
- People who have another tinea infection elsewhere on their bodies: tinea capitis (scalp), tinea faciei (face), tinea barbae (beard area), tinea cruris (groin), tinea pedis (feet), or tinea unguium (fingernails or toenails)
- Athletes, especially those involved in contact sports
- People in frequent contact with animals, especially cats, dogs, horses, and cattle
- People with weakened immune systems
- People who sweat heavily
- People who live in warmer, more humid climates

Signs & Symptoms

The most common locations for ringworm include the following:

- Neck
- Arms
- Legs
- Trunk (chest, abdomen, back)

Ringworm appears as red ring-shaped patches with a raised scaly border ranging from 1 to 10 cm. The central area may be clear of any redness. The border of the affected skin may contain blisters, bumps, or scabs.

Ringworm may cause itching or burning, especially in people with weak immune systems.

Self-Care Guidelines

If you suspect that you have ringworm, you might try one of the following over-the-counter antifungal creams or lotions:

- Terbinafine
- Clotrimazole
- Miconazole

Apply the cream to each lesion and to the normal-appearing skin 2 cm beyond the border of the affected skin for at least 2 weeks until the area is completely clear of the lesion. Because ringworm is very contagious, avoid contact sports until lesions have been treated for a minimum of 48 hours. Do not share towels, hats, or clothing with others until the lesions are healed.

Since people often have tinea infections on more than one body part, examine yourself for other ringworm infections, such as on the face (*tinea faciei*), in the beard area (*tinea barbae*), in the groin (*tinea cruris*, jock itch), or on the feet (*tinea pedis*, athlete's foot).

Have any household pets evaluated by a veterinarian to make sure that they do not have a fungal (ie, dermatophyte) infection. If the veterinarian discovers an infection, be sure to have the animal treated.

When to Seek Medical Care

If large areas of the body are affected or if the lesions do not improve after 1-2 weeks of applying over-the-counter antifungal creams, see your doctor for an evaluation.

Treatments Your Physician May Prescribe

In order to confirm the diagnosis of ringworm, your physician might scrape some surface skin material (scales) onto a slide and examine them under a microscope. This procedure, called a KOH (potassium hydroxide) preparation, allows the doctor to look for tell-tale signs of fungal infection.

Once the diagnosis of ringworm has been confirmed, your physician will likely start treatment with an antifungal medication. Most infections can be treated with prescription-strength topical creams and lotions, including:

- Terbinafine
- Clotrimazole
- Miconazole
- Econazole
- Oxiconazole
- Ciclopirox
- Ketoconazole
- Sulconazole
- Naftifine
- Butenafine
- Luliconazole

Rarely, more extensive infections or those not improving with topical antifungal medications may require 3-4 weeks of treatment with oral antifungal pills, including:

- Terbinafine
- Itraconazole
- Griseofulvin
- Fluconazole

The ringworm should go away within 4-6 weeks after using effective treatment.