

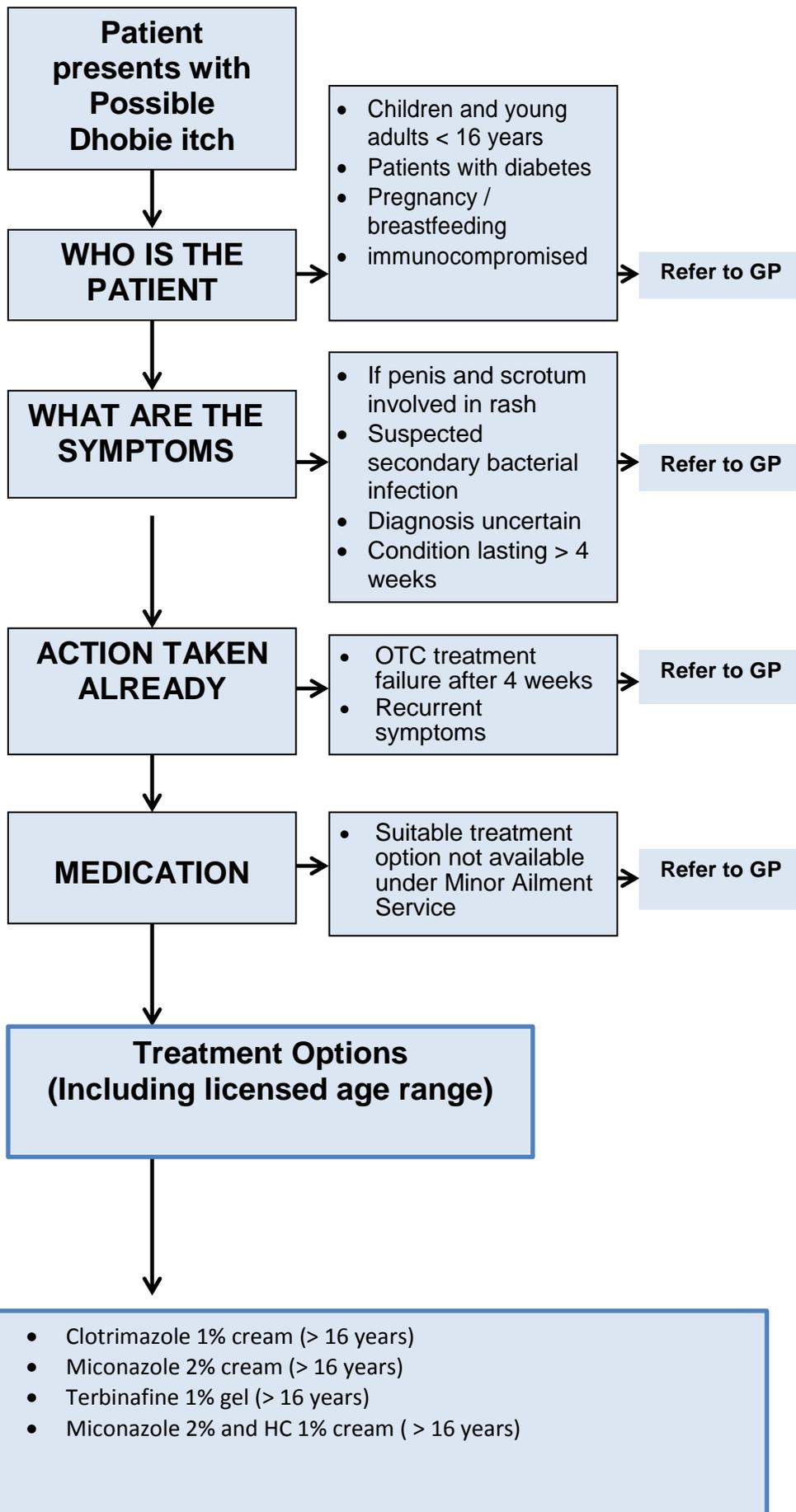
Dermatophyte fungal skin infections occur at a variety of sites. The groin area infection is also known as Tinea cruris, Dhobie itch or Jock itch. It is more common in men than women. It occurs when temperature and humidity are raised e.g. when wearing wet clothing or occlusion by skin folds.

Symptoms

- Lesions are red to red brown. They may be flat or slightly raised. Scaly, erythematous, circular lesions characterised by well-defined edges.
- The rash, which is symmetrical, appears clear from the centre is redder at the edge and spreads outwards
- Pruritis is often present.
- Lesions affect the groins and the upper parts of the thighs.
- The rash is usually bilateral and usually spares the penis and scrotum.
- Many sufferers have coexisting athlete's foot which should be treated to help prevent reinfection

People should be given advice regarding general hygiene measures

Advice on self-care (page 2)



Advice for Self-Care / Non Pharmaceutical Treatment	Treatment Options Formulary Items		
	Drug	Dose and Duration	Advice
<p>Advise the person:</p> <ul style="list-style-type: none"> To wash the affected skin daily and dry thoroughly afterwards, particularly in the skin folds. To wash clothes and bed linen frequently to eradicate the fungus. Not to share towels and to wash them frequently. To wear loose-fitting clothes made of cotton or a material designed to keep moisture away from the skin. Avoid scratching affected skin as this may spread infection <p>The Health Protection Agency advises that exclusion from school is not normally necessary, but treatment should be started as soon as possible.</p> <p>If athlete's foot is present, ensure this is also treated in order to reduce risk of reinfection.</p>	<p>For mild non-extensive disease treat with topical antifungal:</p> <p>Clotrimazole 1% cream</p> <p>Miconazole 2% cream</p> <p>Terbinafine 1% gel (adults only)</p> <p>For skin that is <u>severely</u> inflamed:</p> <p>Miconazole 2% & HC 1% cream</p>	<p>Clotrimazole should be applied to the affected area 2–3 times a day and continued for at least 4 weeks after the affected area has healed,</p> <p>Miconazole should be applied to the affected area twice a day and continued for 10 days after all skin lesions are healed</p> <p>Terbinafine should be applied thinly to the affected area once or twice a day for 7–14 days.</p> <p>Topical corticosteroid should only be used once a day because of the increased risk of adverse effects with topical corticosteroids in occluded areas.</p>	<p>Combinations of an antifungal with a steroid are <u>not</u> routinely recommended and should only be considered where the rash is severely inflamed. This should only be used for up to 7 days. Initial use of this product may need to be followed up by treatment with an imidazole cream alone for the remainder of the course. Make sure that the area is dry before applying the treatment. Apply the antifungal directly to the rash and the surrounding 4-6 cm of normal healthy skin. Always wash hands before and after applying treatment.</p>

References: Clinical Knowledge Summary: Fungal skin infection- body and groin <https://cks.nice.org.uk/fungal-skin-infection-body-and-groin#>
See individual product SPC for further information/advice

Reviewed January 2018 - HSCB