Tinea Corporis
(Ringworm of the Body)

I. DEFINITION:

Superficial fungal infection of the nonhairy skin of the body, excluding the palms, soles, and groin.

II. CLINICAL FEATURES:

A. Pruritus is common.

B. Generally annular, oval, or circular, erythematous, well demarcated with a raised, scaly, vesicular border. The central area becomes hypopigmented, and less scaly as the active border progresses outward.

C. Symptoms typically appear between 4 and 14 days after the skin comes in contact with the fungi that causes ringworm.

III. MANAGEMENT PLAN:

Dermatophytoses may be treated with either topical or systemic antifungal agents. Topical agents are used in patients with infections that are detected early or are mild. Systemic agents may be necessary in patients with generalized infection or infection of areas that are hard to reach or penetrate.

A. Treatment of Isolated Lesions

1. Wash with soap and water and thoroughly dry.

2. Any one of the following OTC topical anti-fungal medications may be used:
   - Clotrimazole 1% (not recommended for children under 2 years)
   - Miconazole 2% (not recommended for children under 2 years)
   - Terbinafine HCL (adults and children 12 years and older)
     a. These are sold under various brand names, i.e., Lotrimin AF, Desenex, Monistat-Derm, etc.
     b. Directions: Massage into affected area twice daily for 2-4 weeks.

B. General

1. Other children in the family, and pets should be examined and treated or referred for treatment as indicated.

2. Exclude from child care or school until 24 hours after treatment has begun.

3. Caution against the use of topical steroids, which can cause striae and skin atrophy.

4. A child with ringworm should be kept out of gymnasiums, pool surfaces, swimming pools, or any other skin-to-skin contact activities until treatment started.

5. Provide the affected child with separate washcloth and towel.

6. Wash bed linens and clothes in hot water.
7. Do not share helmets of any kind, hats, combs, brushes, barrettes, scarves, or clothing.

C. Consultation/Referral to APRN or Physician if:
   1. Secondary bacterial infection occurs.
   2. Severe or widespread infection (areas of oozing, bleeding, or crusts).
   3. Involvement of the nails or face.
   4. Clients < 1 month old.
   5. Pregnant or breastfeeding clients.
   6. Failure to respond to treatment.

D. Follow-up
   1. Follow up in 2 weeks or sooner if lesions are not responding and refer to the APRN or private physician.
   2. Return visit as needed if there is no improvement.
   3. Determine tracking priority utilizing professional judgment.

REFERENCES:

Taketomo, Carol, PharmD; Hoddingh, Jane, PharmD; Krause, Donna M., PharmDAPHA; Pediatric Dosage Handbook; 17th Ed. 2010.

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