

TINEA PEDIS
(Athlete's Foot)

I. DEFINITION:

A pruritic cracking and peeling fungal eruption of the feet, especially the toe webs, which occurs more commonly in adolescents and adults, and rarely in children.

II. CLINICAL FEATURES:

- A. Intense itching is characteristic.
- B. Eruptions usually start between the toes and occasionally spread to the soles or sides or even the tops of the feet.
- C. Three clinical types:
 - 1. Chronic, interdigital type characterized by fissuring, maceration, and scaling, particularly in the web spaces. Tenderness, itching, and foul odor are common.
 - 2. Dry, scaling plantar type known as moccasin type is a chronic, diffuse hyperkeratosis of the sole. The sole is covered with a fine, silvery scale, and the skin is tender and pink. More often seen in atopic clients and is associated with nail involvement.
 - 3. An inflammatory vesicular or vesiculobullous (wet) type involves any area of the foot and is associated with occlusive footwear and warm, moist, and humid conditions.

III. MANAGEMENT PLAN:

- A. Treatment:
 - 1. General Measures
 - a. Emphasize personal hygiene.
 - b. Thoroughly dry interdigital areas after bathing.
 - c. Use absorbent cotton socks and change frequently.
 - d. Wear rubber or wooden sandals in community showers and bathing places.
 - 2. Medication

Any one of the following OTC topical anti-fungal medications may be used:

 - Clotrimazole 1%
 - Miconazole 2%
 - Terbinafine HCL
 - a. These are sold under various brand names, i.e., Lotrimin AF, Desenex, Monistat-Derm, etc.
 - b. Directions are to massage into affected area twice daily for 2-4 weeks.

- B. Consultation/Referral: to APRN or Physician if:
1. No response to topical anti-fungal agents or worsening of condition after treatment has started.
 2. Fungal infection elsewhere on the body.
 3. Secondary bacterial infections.
- C. Follow-up
1. Return visit as needed if there is no improvement.
 2. Determine tracking priority utilizing professional judgment.

REFERENCES:

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